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ABSTRACT

The Children's Program Outcome Review Team (CPORT), under the direction of the Tennessee Commission on Children and Youth, collects and analyzes data to improve service delivery to children and families involved in state custody. Using the Quality Service Review methodology, the Commission conducted 282 intensive case reviews on a random sample of children in state custody in each of the 12 regions. This report provides an overview of the CPORT process and presents demographic information and determinations of the status of child/family on various indicators as well as the adequacy of service system functions on cases reviewed in 2002. The findings indicate that the overall status of children improved over that of 2001, with most children in a positive and safe status, receiving services and supports to address their physical well-being, and with caregivers who can provide necessary supports and supervision. The overall service system functioned adequately 54 percent of the time, a substantial improvement over 2001 (38 percent). Although the system engaged most children and families in planning and implementing services, only 57 percent of families made progress or improvement as measured in outcomes/benefits. Families were more likely to achieve progress when children were placed at home and least likely when children were placed in foster homes. The assessment of children's and families' needs was especially inadequate for children who were African American or adjudicated unruly. The weakest system function was service plan design. The report details recommendations, based on the information collected in the CPORT process, for improving services, for training staff, and for additional resources. The report's seven appendices include preliminary system observations by region, 2001 evaluation results, data tables, and definitions. (KB)

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Children's Program Outcome Review Team

2002 Evaluation Results

TENNESSEE COMMISSION ON CHILDREN AND YOUTH

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Children's Program Outcome Review Team
2002 Evaluation Results

By Patricia C. Wade, Director, Children's Program Outcome Review Team

Executive Editor: Linda O'Neal, Tennessee Commission on Children and Youth

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The Tennessee Commission on Children and Youth
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, TN 37243-0800
(615) 741-2633

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Tennessee Commission on Children and Youth

Children's Program Outcome Review Team 2002 Evaluation Results

Executive Summary

In 1993, the Tennessee Commission on Children and Youth (TCCY) began development of an innovative evaluation process that "tests" service system performance and outcomes by examining relevant aspects of the lives of children and families being served. Implemented in 1994, the ultimate goal of the Children's Program Outcome Review Team (CPORT) is to promote positive change by providing qualitative and quantitative information about the status of the child/family and service system functioning for the cases reviewed.

CPORT reviews are conducted in each of the state's 12 Department of Children's Services (DCS) regions on a random sample of children in state custody sufficient to provide validity at the 95 percent level statewide and the 85 percent level regionally.

The CPORT process includes a review of records and collection of the following items from the records (when available):

- Petition that led to custody;
- Court order for custody;
- Social History;
- Psychological Evaluation;
- Other specialized evaluations;
- Permanency Plan;
- Individual Education or Program Plan.

A protocol consisting of a set of questions is used to collect information through structured interviews with the following:

- Child, if age appropriate;
- Parent(s);
- Caregiver (foster parent or direct care staff in a facility);
- Case manager
- Teacher or other school representative;
- Representative of the court ordering custody;
- Any other relevant service provider (Guardian ad Litem, therapist, etc.);
- Other significant/relevant person (relative, friend, coach, etc.).

The majority of information is collected through the interview process.

Separate measures are used to identify child behaviors. The parent/caregiver and the teacher/school representative are also asked to complete an Achenbach Child Behavior Checklist (CBCL) and a Teacher Report Form (TRF). The children ages 11-18 are asked to complete the Youth Self-Report (YSR). The CPORT reviewer completes a Child and Adolescent Functional Assessment Scale (CAFAS).

Following collection of all information, the reviewer writes a brief narrative summary of the case and completes a "Summative: Assessment of Key Domains." The "Summative" process has the reviewer answer questions that lead to conclusions regarding the status of the child and the adequacy of the service system functioning on a number of indicators. Additionally, the reviewer completes a "Case Profile" that is used for basic data entry regarding the case. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol. Consequently, all asterisked items have to be positive for an overall positive or adequate rating.

Status of Child/Family

1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stable Home
6. Permanence
7. Appropriateness of Placement
8. Educational Progress
9. Family Unification
10. Independent Living (ages 13+)
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

Service System Functioning

1. Assessment*
2. Long-term View*
3. Child Participation*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

Obviously, it would be desirable if all children were in a positive status on all indicators and all system functions were performed adequately, but this would be an unrealistic expectation. There are no established standards of realistic expectations. The overall goal is to improve or maintain an acceptable level or standard that provides the most desirable and appropriate services to children in care and their families.

TCCY CPORT Recommendations

Based on all the information collected in the CPORT process, the following are priority recommendations for enhancements in children's services that should improve both system functioning and outcomes for children and families:

- **Ensure children have adequate and ongoing assessments.**

  - Improve the development of social histories and keep them current.
  - Identify needs for psychological evaluations.
  - Train case managers to recognize the need for additional or specialized assessments for children and parents.
  - Train case managers and caregivers to report behavioral and other issues during Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to help identify the need for psychological evaluations.

- **Develop Permanency Plans that adequately reflect the strengths, weaknesses, and needs of the child and family as identified in the assessment.**

  - Plan services without limiting them to only those issues that brought the child into custody but address all needs of the child and family to create a coherent and consistent document that guides case manager, service providers, family, and the child in identifying and obtaining the desired goals.
  - Include families in the design of the permanency plan.
  - Consider all the critical needs of the child/family in the permanency plan to achieve the permanency goal.
  - Ensure permanency plans address all educational, health and mental health needs of children and parents.
  - Ensure that the proposed interventions and supports are individualized and appropriate to the situation and/or person's capabilities.
  - Train case managers in practical casework skills, family dynamics, and working relationships as they relate to permanency plans.
  - Keep permanency plans current or up-to-date as the needs and services change.
  - Revise permanency plans to reflect progress or lack of progress of the child or family in meeting permanency plan goals.

- **Improve service plan implementation.**

  - Inform case managers of the resource directory that is available for locating services and placements specific for each region.
  - Identify the appropriate community services to keep children as close to home as possible.
  - Ensure all identified essential service needs contained in the permanency plan are provided in a timely manner, at the level of intensity needed, and by qualified providers.

- **Improve the continuity of care and coordination in the provision of services to the child and family.**

  - Identify a single point of coordination and accountability for the permanency plan and those involved in its implementation.

- Improve communication and coordination among all parties involved, especially between case managers, schools, placements, and service providers.
- Increase efforts to integrate services.
- Ensure adequate communication so all relevant persons involved know the current status of the case.
- Train case managers on how to advocate on behalf of the child and family, based on the Brian A. principles.

- **Address the emotional well-being of children.**

  - Train case managers to understand and recognize the mental health needs of children.
  - Ensure children receive the services and supports necessary to make progress.
  - Develop and implement strategies to ensure children receive individualized services based on their unique strengths and needs.
  - Utilize EPSDT for identification, treatment, and follow-up services.
  - Utilize the Health Units as a means to secure the appropriate services.

- **Increase family unification efforts to assist families in achieving reunification.**

  - Become a responsive system to the strengths and needs of the family.
  - Train case managers in basic social work skills to assist families in building the capacities necessary to function independently and to explore beyond the immediate reasons for custody.
  - Improve the development of social histories to include historical and current information on the child and family.
  - Improve identification of family needs, including provision of appropriate evaluations or assessments.
  - Ensure permanency plans address the current needs of the family.
  - Identify options for substance abuse treatment for parents as required by the Adoption and Safe Families Act.
  - Increase awareness of the importance of family-type settings for placements, if children cannot remain in their homes, and make efforts to maintain children in their communities.
  - Exercise timely and diligent searches for relative placement.

- **Improve advocacy for all children.**

  - Further reduce the number of children in custody too long.
  - Improve access to advocacy for children in custody and their families.
  - Ensure that fundamental due process rights for children and families are met.
  - Ensure timely termination of parental rights and adoption.
  - Fund additional Court Appointed Special Advocate (CASA) programs to provide trained and supervised lay advocates.

- **Improve overall system performance.**

  - Focus on improving system functions for all children.
  - Especially focus on improving assessment of needs, permanency plan development, and service coordination.

Training Recommendations

- **Provide skills-based training to new and existing staff for consistent principles in best practice.**

  - Continue to apply the Brian A. principles and develop a standard of practice for serving children and families.
  - Develop and implement a training model incorporating the Brian A. principles and basic social work skills.
  - Promote partnerships with children and families.
  - Provide training regionally.
  - Provide ongoing training as policies/procedures change.
  - Provide training by trainers experienced in actual casework and case management.
  - Provide opportunities to "shadow" experienced case managers.
  - Provide detailed and specialized casework skills training, including increased hands-on experience.
  - Provide more job-specific training.
  - Provide early supervision and periodic review of cases.
  - Provide clear training on how to complete and use required forms.

- **Train staff to adequately serve children and families by providing detailed and specialized skills needed to implement job responsibilities.**

  - Develop a users guide for completing paperwork documentation requirements.
  - Provide early and ongoing supportive supervision.
  - Provide training in social history development, including when to complete and when to update.
  - Train case managers regarding the scope and functionality of assessments and how to analyze and synthesize the information to form a comprehensive view of the child's and family's ongoing needs.
  - Train case managers to recognize the need for psychological evaluations and specialized assessments for children and parents and to identify issues for the child during EPSDT.
  - Provide training in permanency plan development that addresses the needs and problems identified in the assessment of needs.
  - Teach case managers about appropriate goal planning, including Adoption and Safe Families Act requirements.
  - Inform case managers of the directory of resources available within their region and instructions on how to access needed services.

- Provide computer training earlier in TNKIDS, including how to print needed screens.
- Train case managers on effective interviewing techniques when working with families or when dealing with difficult parents or children in crisis.
- Provide training in specialty areas, including special education, cultural competency, interstate compact for placement, adoption procedures, and transitioning children from placement to placement or to adult mental health or mental retardation/developmental disabilities systems.
- Provide training in time management, crisis management, and organization skills.

Recommendations For Additional Resources

- **Increase early intervention and prevention services to reduce the risk of custody.**

  - Improve collaboration efforts between schools, courts, families, and other child-serving agencies.
  - Provide intervention or prevention services at the level needed to reduce the risk of custody.
  - Provide additional programs and services to address substance abuse issues for children and families.
  - Seek and utilize relatives and provide in-home services as needed.
  - Develop truancy prevention services and programs.

- **Expand home/community resources required to address the needs of the child and/or family.**

  - Develop collaborative arrangements with other state, local, and private agencies to ensure funding provides infrastructure required to support community resources purchased with wraparound or flexible funds.
  - Expand the base of mental-health services at the provider level, including psychiatrists, psychological examiners, child psychologists, and other counselors.
  - Improve access to mental health services at the level of intensity needed, including increased counseling sessions by qualified providers specializing in children's mental health issues.
  - Provide substance abuse services for children and parents.
  - Enlarge the pool of flexible funds to provide intensive wraparound supports that fit the child and family and provide more flexibility for access.
  - Increase the funding for services for parents who do not have the financial means to comply with the permanency plans.
  - Increase respite care services for the child and family.
  - Provide better access to child and family support services, including parenting classes, recreational activities, mentoring, housing assistance, transportation

assistance, career planning, tutoring, vocational guidance and testing, after-school programs, day care, etc.

- **Provide adequate placement resources for appropriate out-of-home placements in a timely manner as close to home as possible, preferably within the home county and at least within the region.**

  - Recruit regular and therapeutic foster homes in every county for children of all ages.
  - Increase the number of statewide alcohol and drug programs for children and parents.
  - Increase the number of programs/placements statewide for older and younger children, male and female, who need sex offender treatment.
  - Provide optional placements for children needing gradual reintroduction into family and community settings.
  - Establish additional Independent Living Programs or placements.
  - Increase the placement options for children with dual diagnoses/co-occurring disorders, and for children diagnosed with mental retardation.
  - Adequately prepare children for transition to adult mental health or mental retardation/developmental disabilities systems, if applicable.
  - Ensure children in continuum placements are placed as close to home as possible.

- **Provide additional resources to DCS staff to increase productivity.**

  - Clerical support.
  - Working computers, copiers, etc.
  - Voice mail.
  - Additional office space.
  - Transportation staff and/or state vehicles for transporting children or parents.

- **Continue the CPORT evaluation to provide an independent mechanism for systems improvement in the following:**

  - Department of Children's Services.
  - TennCare/Health Services.
  - TennCare Partners/Mental Health Services.
  - Families First.
  - Education/Special Education.
  - John B. EPSDT Litigation.
  - Brian A. Child Welfare Litigation.

The following information summarizes findings for the state sample of 342 cases reviewed by the CPORT process in 2002:

Demographic Information on Cases Reviewed

- For the 51 percent of families whose household income is known, 75 percent had incomes of less than $25,000.
- For the 63 percent of families where parental educational levels are known, almost half did not have a high school education.
- The greatest number of petitions was filed by the Department of Children's Services/ Department of Human Services (55 percent).
- The majority of children were adjudicated Dependent/Neglect (68 percent).
- Children exhibiting behavior problems (33 percent) and neglect by caretaker (25 percent) were the main reasons for children to enter custody.
- A substantial number of children were in foster placements, including regular and therapeutic custodial department foster homes and regular and therapeutic contract foster homes (41 percent).
- The majority of children in care were age 13 and over (58 percent).
- The majority of children in custody were Caucasian (57 percent).
- The majority of children in custody were male (65 percent).
- Half of the children in custody (49 percent) had a formal mental health diagnosis.
- Twenty-three percent of the children remained in custody too long.

Critical Issues: Children and family conditions that contributed to the risk of children entering or remaining in custody included:

- Sixty-nine percent (69 percent) of the children had little or no relationship with their fathers.
- Sixty-one percent (61 percent) of the children had parents who were or had been incarcerated.
- Fifty-eight percent (58 percent) of the children had parents with substance abuse issues.
- Forty-two percent (42 percent) of the children had been allegedly sexually or physically abused (25 percent sexually abused, 27 percent physically abused, 11 percent both sexually and physically abused).
- Twenty-nine percent (29 percent) of the children had experienced domestic violence in the home.
- Thirty-four percent (34 percent) of the children had little or no relationship with their mothers.
- Thirty percent (30 percent) of the children have substance abuse issues, 73 percent of the children adjudicated delinquent, and 52 percent of the children age 13 and over.

CPORT Findings: Status of the Child/Family

- Most children in custody were in a positive status (87 percent).
- Most children were safe from harm (94 percent).
- The emotional well-being of most children in custody was adequately addressed (88 percent).
- The physical well-being of the great majority of children was adequately addressed at the time of the review (97 percent).
- Most children were placed with adequate caregivers (95 percent).
- Most children were in stable placements not likely to disrupt (91 percent).
- Most children were in the least restrictive, most appropriate placement to meet their needs (90 percent).
- For most children, the system had identified an appropriate permanent goal (94 percent).
- When appropriate, 83 percent of the families were receiving services to remain intact or to reunify.
- Most children were making progress in education or a vocation (84 percent).
- The lowest indicator was in family satisfaction (72 percent adequate).
- The status of children/families was more likely to be positive overall if child were age 5 and under, adjudicated dependent/neglect, or in foster placement.
- There were no major differences in the status of the child/family based on race, gender, or residence.

CPORT Findings: Adequacy of Service System Functions

- In most cases the system adequately identified the long-term view for services (89 percent).
- The system was engaging most children in the planning and implementation of services, if age appropriate (92 percent).
- The system engaged most families in the planning process (93 percent).
- Efforts were made to provide home- and community-based services for most children and families (93 percent).
- In most cases the system was able to respond to problems of an urgent nature (94 percent).
- Most children were achieving progress (88 percent), especially younger children.
- Advocacy for children and families was 81 percent adequate.
- The majority of families were achieving progress (57 percent).
- Supportive intervention was provided to achieve the permanent goal (82 percent).
- Areas of deficiency in system performance included Assessment of Needs (74 percent), Permanency Plan Design (70 percent), Service Coordination (77 percent), and Progress Achieved-Family (57 percent). However, all of these were improved compared to last year.
- The service system functioned adequately to meet the needs of child/family (54 percent).
- There were no major differences in the adequacy of service system functions based on gender, residence, or adjudication.

CPORT System Observations

Content analysis of strengths and performance issues across 12 Department of Children's Services regions revealed common strengths and weaknesses.

Strengths Identified Statewide

- Most children were appropriate for custody at the time of custody.
- Efforts were made to place siblings together when appropriate.
- Most children were in the least restrictive, most appropriate placement to meet their needs.
- The majority of children were in placements close to home or in the DCS region.
- In most cases the TNKIDS extract/screens contained accurate information.
- The majority of foster homes were high quality and very committed to children, and many were willing to adopt.
- Excluding runaways, children were receiving Early and Periodic Screening, Diagnosis and Treatment services.
- Substantial services had been provided in an effort to prevent custody.
- Most children needing special education services were receiving them.
- The system was making efforts to reduce social services caseloads to meet Brian A. requirements (from 25 in 2001 to 17 in 2002).

Weaknesses Identified Statewide

- The assessment of needs identified for children/families was often inadequate.
- Many Permanency Plans were inadequate, not addressing current issues/service needs of child and family.
- Service coordination and communication between various system components were often inadequate.
- Many children experienced multiple placements (four or more).
- Many children had experienced a change in case managers within the past 12 months because many case managers possessed 12 or fewer months experience and other case managers were reassigned.
- Many children stayed in custody too long.
- Truancy or other school problems were major factors contributing to custody for a number of school-age children.
- A number of children experienced lengthy stays (30 days or more) in detention/ emergency shelter/diagnostic shelter awaiting a placement.
- A number of children experienced multiple custodies, in some cases three or more times.
- A number of children received in-home services/crisis intervention but still entered custody.

TennCare/TennCare Partners/MCO/BHO/EPSDT Issues

There were TennCare problems reported in all regions except Davidson and Mid-Cumberland. Regions with the most problems reported were East Tennessee and Southeast. Recurring TennCare issues across regions included the following:

- There were delays in receiving dental services because of an inadequate provider network, and in some cases children had to travel outside a 30 mile radius to see a dentist for routine/specialized services.
- There were delays in medical services because of an inadequate provider network.
- Coverage was denied, including prescription medications, special services, and special medical supplies.
- There were delays in receiving mental health services because of an inadequate provider network. In some cases there was concern about the quality of services/providers or services were not always available timely or as often as needed.
- There were lapses in services due to failure to transition children in TennCare when custody ceased or when placement changed from secure to nonsecure.
- There were problems in billing causing delays in services and confusion regarding responsibility for payment.
- In some cases children had to travel more than 30 miles to receive medical services.

Summary of CAFAS Findings

The Child and Adolescent Functional Assessment Scale (CAFAS) is a separate measure used to assess the child's psychosocial functioning and has been adopted by several other states for evaluating state-served children. The assessment tool contains five psychosocial subscales that apply to the child: role performance (school, home, or community), behavior toward self/others, moods (emotions, self-harmful behavior), thinking, and substance use. To each of the scales, the CAFAS applies a four-level rating system used to indicate the degree of dysfunction manifested in each area. The higher the rating, the more severe the level of dysfunction. The level of functioning is expressed in terms of degree of impairment, rated as severe, moderate, mild, or minimal/no impairment.

The total sample consisted of 282 children (those age eligible and with a completed CAFAS). Of the 282 cases, 66 percent of the children were rated as impaired in at least one of the five areas, with 44 percent receiving impaired ratings in two or more areas. Forty-five percent of the children rated a moderate or severe impairment in at least one area. Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community) and behavior toward self or others. Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children and youth in state care: 45 percent, supportive intervention; 22 percent, short-term treatment (up to 6 months); 17 percent, periodic treatment over a 6-24 month period; and 17 percent, long-term treatment (1-5 years).

Summary of CBCL Findings

The Child Behavior Checklist (CBCL) is an assessment tool designed to record in a standardized format children's competencies and problems as reported by their parents or caregivers, teachers, and youth ages 11-18. The CBCL is also designed to identify syndromes of problems that tend to occur together either as externalizing or internalizing behaviors. A CBCL was completed on 219 children in the CPORT sample. The CBCL was completed either by the parent, if the child were residing in the home, or the caregiver where the child was placed and had resided for at least two months. Twenty-nine percent of the children ages 6-18 were identified with internalizing behaviors at the borderline clinical or clinical level. Internalizing behaviors included syndrome scales designated as withdrawn, somatic complaints, anxious/depressed. Forty-one percent of the children were identified with externalizing behaviors at the borderline clinical or clinical level. Externalizing behaviors included aggression and delinquent behavior. Social, thought, attention, and "other" problems contribute to total problems along with the internalizing and externalizing profiles.

Thirty-two percent of the children between ages 18 months to five years were identified with internalizing behaviors at the borderline clinical or clinical level; 21 percent were identified with externalizing behaviors at the borderline clinical or clinical level.

Conclusions

The CPORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 2002 results indicate the overall status of children improved over 2001 (84 to 87 percent). Overall most children are in a positive status and are safe, receiving services and supports to address their physical well-being and with caregivers who are able to provide necessary supports and supervision. The emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative. The 12 percent of children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss, and/or abandonment. Children adjudicated delinquent were least likely to receive the appropriate level of services to address their emotional well-being.

Most children were in least restrictive, most appropriate placements to receive services, and the stability of the child's living arrangement was positive.

Both child and family satisfaction improved, and although it is not always an indicator of the quality of services received, families were satisfied 72 percent of the time, a substantial increase from 57 percent last year. Families were the most satisfied when the children were in group placements and they were receiving services for the children to return home. There were differences in family satisfaction based on age, with families of children who are ages 6-12 much more satisfied than families of children age birth to five. There was not much difference in satisfaction based on race, residence or adjudication.

In 2002 the system functioned adequately 54 percent of the time, a substantial improvement over 2001 (38 percent) and the highest ever. All system indicators improved

except child progress remained the same as 2001 and home/community resources declined slightly.

Child participation (92 percent) and family participation (93 percent) were major strengths indicating the system was engaging most children and families in the planning and implementation of services. However, only 57 percent of the families were making progress or improvement as measured in outcomes/benefits. Families were more likely to achieve progress when children were placed at home. Families of children in foster homes were least likely to achieve progress.

Although substantial improvement was made in assessment of needs, service plan design and service coordination, these essential indicators still need attention.

The assessment of needs indicator for identifying the needs of children and families was 74 percent adequate, and especially inadequate for children who are African American or adjudicated unruly. This most essential indicator had been a strength from 1994 to 1997. The weakest system function was service plan design (70 percent adequate), which needs to be improved for all children. Inadequate assessments and permanency plans contributed to inadequate progress achieved by the family, especially for children ages six and over, and to children remaining in custody too long. Inadequate assessments and permanency plans also relate to weak performances by the department and the parents on all system component responsibilities. Service coordination also needs to be improved for all children.

The CPORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

Children's Program Outcome Review Team
2002 Evaluation Results

Introduction

In its ninth year of evaluating children's services, the Children's Program Outcome Review Team (CPORT), under the direction of the Tennessee Commission on Children and Youth (TCCY), continued to collect and analyze data to improve implementation of service delivery to children and families involved in state custody. The CPORT evaluation collected and organized essential information about the population of children served, needs of the children and families, and the system's ability to adequately perform functions to meet the needs of the children and families it serves.

The CPORT evaluation uses the "service testing" method, also referred to as "quality service review," for measuring service delivery outcomes. Service testing is similar to consumer product testing with the following objectives: 1) to determine how well individual consumers are doing in areas related to the services received, and 2) to determine how well system service functions worked in those cases. Service testing is a form of case study that combines evidence gathered through documentary analysis, interviews, and observations to render findings for individuals and for the system as a whole, based on the experience of those individuals. The purposes are to provide a tool that promotes overall quality improvement in providing services to children and families to stimulate change and to instill principles of good practice.

The Tennessee Commission on Children and Youth employs a core group of 12 full-time, trained reviewers whose sole function is to conduct reviews for the CPORT evaluation. With a combined total of 140 years experience, reviewers possess an average of 12 years of individual employment experience related to providing services to children. Their varied backgrounds include social services, community

health, mental health, and education. All possess experience in children's services and experience with the juvenile court.

The CPORT evaluation process is funded through the Department of Children's Services, and the funding for the evaluation is derived from the following:

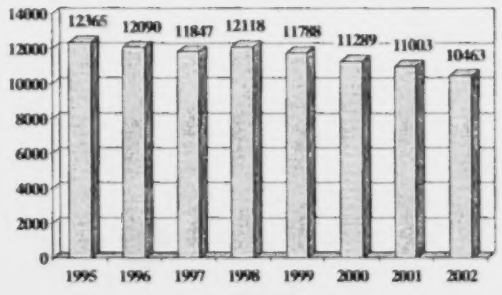
- 12 percent Title IV-E foster care and adoption;
- 4 percent Title IV-E training;
- 1 percent Title IV-B;
- 13 percent Social Services Block Grant (SSBG);
- 7 percent TennCare (Medicaid) administration;
- 20 percent TennCare (Medicaid) treatment; and
- 43 percent unmatched state funds.

Reviews for 2002 began February 11, and involved 44 to 52 randomly selected cases in each of the 12 Department of Children's Services regions. Data for 2002 were reflective of the population of children in the custody of the Department of Children's Services. Children are assigned a home county case manager responsible for completing an assessment on the child and family and developing the permanency plan based on the needs identified in the assessment. A residential case manager is also assigned to the child and provides the primary face-to-face contact with children in out-of-home agency placements. During 2002, the Department of Children's Services completed transition of children to a single case manager responsible for the family and child. Many regions established an assessment team component to assist in the assessment of the strengths and needs of the family and child. The assessment team, the case manager, and other key participants, including the child, if age appropriate, and the family, collaborate in the development of a Permanency Plan in a Permanency Plan Staffing to achieve the desired permanency goal. In a number of cases reviewed in 2002, a residential case manager was still assigned as the liaison between the child and the placement.

At the beginning of 2002, Tennessee had approximately 10,500 children in custody, down from 11,000 in 2001, continuing a steady decrease during the past few years. The chart shows a yearly comparison of the population of children in state custody.

Population of Children in State Custody

Comparison By Year



Source: Department of Children's Services.

As the population of children in custody has steadily declined, the percentages of children in custody per region have fluctuated up or down. To evaluate the outcomes for a representative sample of children served by the state, the sample size was predetermined in order that the results of the case review process would be statistically significant at the 85 percent

level of confidence with +/-15 percent accuracy for each regional sample. The table below identifies the percent of children in custody per region. The percentages per region are used to calculate the number of sample cases needed to represent the proportion of children in custody from each region.

Population by Region of Children in State Custody								
	1995	1996	1997	1998	1999	2000	2001	2002
Davidson	8.27%	8.74%	8.72%	9.63%	12.45%	11.98%	13.06%	10.40%
East Tennessee	10.43%	10.17%	9.93%	10.97%	10.30%	11.05%	10.86%	12.31%
Hamilton County	6.83%	6.89%	7.60%	7.52%	6.25%	6.02%	6.18%	6.31%
Knox County	6.23%	5.95%	6.04%	6.28%	6.17%	5.99%	5.70%	5.75%
Mid Cumberland	13.81%	13.52%	11.60%	11.54%	12.22%	12.09%	9.40%	13.41%
Northeast	7.85%	7.92%	8.72%	7.83%	7.73%	7.73%	8.58%	8.86%
Northwest	3.14%	3.37%	3.19%	3.14%	3.23%	3.42%	2.87%	3.18%
Shelby County	16.06%	16.28%	16.85%	16.84%	16.68%	16.14%	16.56%	14.75%
South Central	6.23%	6.00%	6.85%	6.68%	6.62%	7.23%	6.55%	5.96%
Southeast	6.89%	6.63%	6.41%	6.09%	6.17%	5.82%	6.32%	5.39%
Southwest	8.60%	9.15%	8.72%	8.66%	7.77%	7.49%	8.07%	7.96%
Upper Cumberland	5.66%	5.39%	5.39%	4.82%	4.41%	5.04%	5.85%	5.72%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Based on Information Provided by Department of Children's Services								

It is important to note that the reported number of children in custody from Mid-Cumberland has included children served by the Center for Adoption and counted by the Department of Children's Services in the county of Trousdale. For CPORT purposes the children served by the Center for Adoption are extracted from Mid-Cumberland and identified and counted in their respective county of venue.

The number of cases reviewed statewide is designed to be statistically significant at the 95 percent level of confidence with +/-5 percent accuracy for the state sample. These estimates indicate that a sample size of 573 children for the regional distribution of results and 342 children for the statewide distribution of results would be sufficient in reflecting the target population.

Pertinent information was collected utilizing a special instrument called a protocol. The protocol contained a series of in-depth structured interviews, and each interview contained a set of questions regarding the status of the child and family, the functions of the service delivery system, demographics, and TennCare implementation. Interviews were conducted with the following: child (if age appropriate), parent(s), custodial department worker(s), caregiver(s) (foster parent or direct care staff in a group facility), court representative(s), teacher(s), and other relevant service providers. The case records were reviewed. Permanency Plans, social histories, psychological evaluations, and court orders were copied and reviewed. The majority of information was collected through the interview process. Deductive conclusions were made based on the information given by the interview participants within the system providing services and the consumers receiving the services.

Before summarizing case studies, the reviewers answered questions that led to summative conclusions regarding the status of the child and the functioning of the system on the indicators listed below. The indicators marked with an asterisk were

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deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol. Consequently, all asterisked items had to be positive for an overall positive or adequate. (See Appendix G for questions related to all indicators.)

Status of Child/Family

1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stable Home
6. Permanent Goal
7. Appropriateness of Placement
8. Educational Progress
9. Family Unification
10. Independent Living (ages 13+)
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

Service System Functioning

1. Assessment*
2. Long-term View*
3. Child Participation*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

By December 6, 2002, 573 cases were reviewed. The data was then summarized regionally and compared to the cases randomly selected for statewide analyses (342 cases).

In addition to compiling individual case data, reviewers identified service system strengths, noteworthy accomplishments, and emerging system performance issues observed in the cases reviewed in each region.

The statewide distribution of results for 2002 was compared to the data collected in previous years. The data presented here demonstrate changes over time. The following information summarizes findings for the entire nine years of CPORT history.

Children's Program Outcome Review Team Results

Demographic Information on Cases Reviewed

Children are brought before the juvenile court as the result of the filing of a petition. Petitions are filed by members of the community, or stakeholders involved

with children's services related to the abuse, neglect, or behavior problem of the child. Children can have multiple petitions before entering custody.

- The greatest number of petitions was filed by the Department of Children's Services (or the Department of Human Services prior to consolidation), followed by juvenile courts and law enforcement. Fifty-five percent of the petitions were filed by DCS. The percent filed by parents has remained the same for five years. The percent of petitions filed by the courts returned to its high of 14 percent. Petitions filed by law enforcement decreased to 11 percent in 2002.

Petitions Filed By (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
DCS / DHS	41	50	47	49	57	59	55	58	55
Parents	21	15	11	11	8	8	8	8	8
Law Enforcement	9	10	11	10	13	14	10	13	11
Courts	7	8	10	10	9	9	14	11	14
Other	22	17	21	20	13	10	13	10	12

The "Other" category includes relative/family, neighbor/friend, victim, school, mental health professional, placement, etc.

- The majority of children were adjudicated Dependent/Neglect.
- The percentage of children adjudicated unruly remained in single digits.

Adjudication (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Dependent/Neglect	57	68	67	65	68	72	68	72	68
Unruly	21	15	12	12	9	5	8	7	4
Delinquent	22	17	21	23	23	22	24	21	28

Unruly adjudications have continued to decrease. Since 1996, the courts have been restricted from committing a child adjudicated unruly to the custody of DCS unless the child is referred to the department's juvenile-family crisis intervention program (FCIP) for review and intervention. The FCIP must then certify to the court that there is no other alternative than to place the child in custody. The FCIP has had a positive impact in this area.

Most delinquent offenses can be categorized into five levels ranging from the least serious to the most serious:

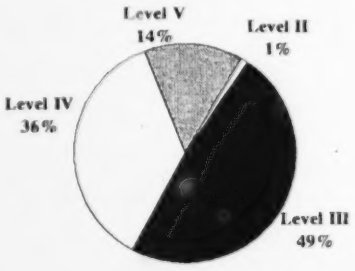
- Level I includes violation of Drug Free Youth Act, violation of probation, violation of aftercare.
- Level II includes evading arrest, aggravated criminal trespass, resisting stop/search/frisk, joyriding, unauthorized use of vehicle, criminal trespass, breaking and entering, contempt of court, vandalism, mischief, petit larceny, shoplifting, DUI, driving without license, disorderly conduct, indecent exposure, public intoxication, giving false information to police, criminal impersonation, and traffic violations.
- Level III includes assault, possession of controlled substance, other drug offense, attempt to commit felony, escape, grand larceny, burglary, motor vehicle theft,

- burglary of vehicle, theft of property, reckless endangerment, forgery, credit card fraud, harassment, and receive/conceal stolen property.
- Level IV includes aggravated assault, accessory to homicide, sexual battery or other sex offense, weapon in school, arson or attempted arson, carrying weapon, aggravated burglary, sale of controlled substances, and attempted kidnapping.
- Level V includes criminal homicide, voluntary manslaughter, aggravated rape, rape, kidnapping, attempted homicide, aggravated robbery, robbery, and sexual abuse of a child.

Similar to years prior to 2001, in 2002 most offenses were in the Level III category.

Level of Offense Delinquent Adjudications (in percent)	'99	'00	'01	'02
Level I	0	5	3	0
Level II	1	2	8	1
Level III	51	44	35	48
Level IV	32	38	49	36
Level V	16	11	5	14

Level of Offense for Delinquent Adjudications



Fifty percent of those adjudicated delinquent fell into Levels IV and V combined.

Females had committed offenses in all levels except Level I and V. Over a fourth of the delinquent children had experienced custody more than once; three times was the maximum number reported.

- Children enter custody for a variety of reasons: behavior problems, including delinquent and unruly behaviors; neglect by caretaker; abandonment; physical abuse; and sexual abuse.

- The percentage of children in foster placements, including regular and therapeutic custodial department foster homes, and regular and therapeutic contract foster homes, rose only slightly to 41 percent. Group placements are any congregate living environment, and a continued increase was seen for 2001 in this type of placement. In almost all regions, the majority of the children in foster and group placements were placed either in their home county or within the DCS region. Overall, 90 percent of the children in custody were in the least restrictive, most appropriate placement to receive needed services. Comparisons by age and residence indicate younger children and children residing in family and foster placements were most likely to be in the least restrictive most appropriate placement. Refer to Appendix C for additional information.

Placement (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Family	20	19	26	22	22	25	26	21	20
Kinship*	34	43	40	43	43	46	40	4	6
Foster*								40	41
Group	39	32	29	25	30	23	27	28	27
Runaway	9	6	5	10	5	6	7	7	6

* Kinship and Foster Care were calculated together from 1994 to 2000.

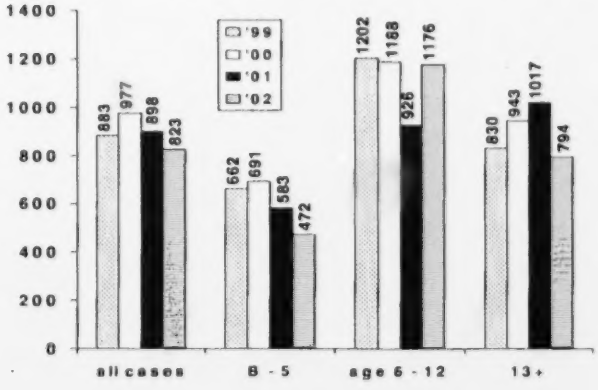
The average number of placements for a child was 4.0, same as in 2001 and more than 3.8 in 2000. Five percent of the children had experienced 10 or more placements compared to 8 percent in 2001. Children ages 13 and over experienced the greatest number of placements, an average of 4.7. Nine percent of the children ages 13 and older experienced 10 or more placements. In 2000 almost two-thirds of children on "runaway" status had run from group placements; in 2001 that figure was 56 percent; in 2002 it was 90 percent.

- The majority of children in care were age 13 and over, as they have been every year. The mean age of the child was 12.4; the median age was 14.6.

Age of the Child (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Birth to 5	17	16	23	22	19	21	13	23	19
6 to 12	18	24	21	22	24	24	27	20	23
13 plus	65	60	56	56	57	55	60	57	58

- The length of stay for all children decreased again this year and decreased for all age groups except age 6 to 12. This year's data indicate children age 6 to 12 were staying in custody longer than any of the other age groups, an average of 1,176 days at the time of review.

Average Length of Stay by Age



- The racial breakdown of children in custody was:

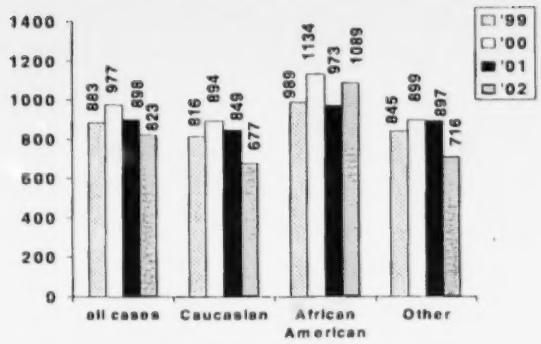
Race of the Child (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Caucasian	72	58	60	57	52	58	59	55	57
African-American	25	34	35	38	41	35	34	36	35
Other*	3	8	5	5	7	7	7	9	8

*"Other" race includes Multiracial, Biracial, Hispanic, Asian, Native American and all others.

- The racial breakdown differed only slightly from last year.

- African-American children remained in custody longer than other children and their length of stay increased while all others decreased.

Average Length of Stay by Race



- The majority of children in custody were male.

Gender of the Child (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Male	58	54	57	59	59	53	60	55	65
Female	42	46	43	41	41	47	40	45	35

- For the first time in over five years over half of unruly children were male.
- Males adjudicated delinquent outnumbered females adjudicated delinquent seven to one.

Adjudication by Gender (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Dependent/Neglected male	52	50	50	51	52	46	54	50	56
Dependent/Neglected female	48	50	50	49	48	54	46	50	44
Unruly male	49	39	52	49	44	33	43	38	53
Unruly female	51	61	48	51	56	67	57	62	47
Delinquent male	82	81	82	90	83	83	82	79	88
Delinquent female	18	19	18	10	17	17	18	21	12

Critical issues for children adjudicated delinquent included: substance abuse issues (73%), sexually active (62%), parents have been/are incarcerated (57%), parents with substance abuse issues (56%), violence in the home (28%), psychiatric hospitalization (24%), allegedly sexually abused (18%), gang involvement (23%), and attempted suicide (10%). Refer to Appendix D for more information regarding critical issues by adjudication.

Seventy-one percent of the children adjudicated delinquent had a reported formal mental health diagnosis, compared to 37 percent of children adjudicated dependent/neglect.

Sixty percent of the children adjudicated delinquent were Caucasian and 32 percent were African American. Eleven percent of the Caucasian children who were adjudicated delinquent resided in Youth Development Centers compared to 23 percent of the African-American children.

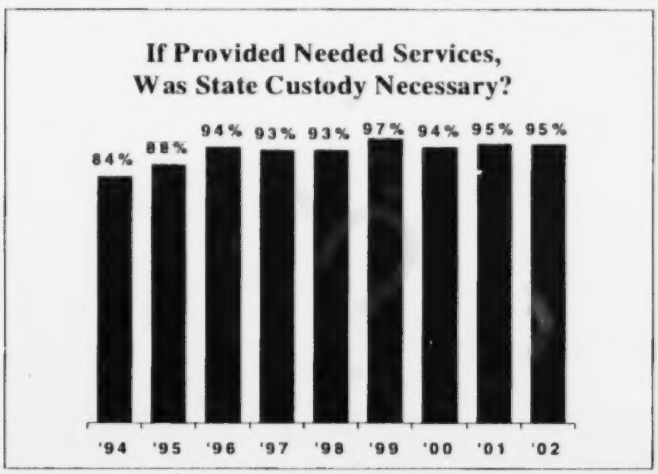
- Sixty-one percent of the children reviewed had parents who were or had been incarcerated, the same as last year, continuing a generally increasing trend over the years.

Incarceration of Parent(s) (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
All Cases	28	40	47	51	57	55	59	61	61
Father	NA	20	23	21	25	24	25	22	23
Mother	NA	10	14	14	15	15	14	16	18
Both Parents	NA	10	10	16	17	17	20	23	20

The father was more likely to be incarcerated (43 percent of all children in sample) than the mother (38 percent). Parents were incarcerated for a variety of offenses including drug charges.

- Ninety-five percent of the children were appropriate for custody at the time of custody, the same as last year.

- If needed services had been provided at the time of removal, it appeared custody could have been avoided for 5 percent of the children in 2002, the same as in 2001.



Of the 5 percent of children where custody could have been avoided, 82 percent were adjudicated dependent/neglect, and 41 percent of those were ages 6 to 12.

While most children were appropriate for custody, approximately 23 percent remained in custody too long, a decrease from 30 percent in 2001. The Adoption and Safe Families Act requires appropriate steps to terminate parental rights for children who stay in custody too long. Sufficient efforts for reunification must have been made to justify termination. Additional foster homes are required to fulfill the need for children awaiting adoption, because foster homes are often an older child's best hope for adoptive placement.

- Children were remaining in custody too long due to delays in termination of parental rights, in the adoption process, and in release from custody. In some cases, the window of opportunity to go home or be adopted had passed and current circumstances and/or behaviors now prohibited release. For the year 2002, 23 percent of the children were in custody too long, ending a trend of increases from 1996 through 2001.

- Over half of the children (56%) in custody too long needed either termination of parental rights or to complete adoption. The percentage needing termination of parental rights has decreased as the need for adoption has increased.

Custody Too Long (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Percent of Cases	20	22	22	24	28	26	28	30	23
Those in custody too long:									
Needed to Go Home	NA	14	4	4	2	2	2	4	2
Needed Termination of Parental Rights	NA	4	7	6	10	5	10	7	4
Needed to Complete Adoption	NA	1	7	6	5	10	6	7	9
Needed to Be Released	NA	3	4	6	7	5	4	6	4
Needed to Live Independently	NA	0	0	1	1	0	0	1	0
Other	NA	0	0	1	3	4	6	5	4

Ninety-three percent of the children needing termination of parental rights (TPR) or needing to complete adoption had been in custody 22 months or longer at the time of the CPORT review. Sixty-seven percent of these children have been in custody longer than four years. A number of children had experienced delays in either TPR or adoption due to a variety of reasons, including failure to expedite TPR, adequately explore adoption, or legal issues.

Fifty-nine percent of the children needing to complete adoption were ages 6 to 12. Although improved, the custody too long issue continues to be an area of substantial concern.

Critical Issues

Beginning with the 1995 reviews, children and family conditions that contributed to the risk of entering or remaining in custody were categorized under "Critical Issues" and added to the Preliminary System Observation reports (Refer to Appendix B). These are conditions or characteristics that influence the need for services. The CPORT process included summarizing the presence of these conditions when they were significant in a region. In 1997, the data summary process began documenting these issues in all cases. This information may also be used for identifying needed services for early intervention to prevent custody, and for programs and services necessary once entering custody, and needed to facilitate successful reunification and timely permanence.

Characteristics of Children in Custody: Multi-Year Comparison

The following table is an extracted list of only those characteristics with consistently high percentages.

Characteristics (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Children of parents with substance abuse issues	NA*	54	54	63	65	64	62	57	58
Children having little or no relationship with father	NA*	NA*	54	65	61	63	65	67	69
Children from single parent families (mother)	43	44	44	50	46	41	43	45	31
Children from homes below poverty level	NA*	NA*	38	40	41	42	43	39	44
Children had a reported formal mental health diagnosis	54	48	53	42	31	36	38	37	49
Children having little or no relationship with mother*	NA*	NA*	NA*	NA*	NA*	14	35	32	34

*Data was not collected during these years

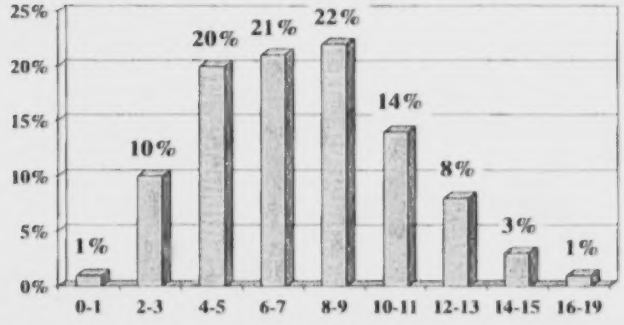
Sixty-nine percent of the children in the 2002 sample had experienced little or no relationship with their father, the highest yet. Little or no relationship with mother increased slightly to 34 percent. The CPORT process has also identified children removed from relative caregivers, other than biological parents, and placed in custody. Twenty-two percent compared to 13 percent in 2001 were removed from relative/friends. These issues strongly support the need for relative caregiver assistance to prevent custody, and for kinship care programs to maintain children with families.

The percentage of parents with substance abuse issues increased slightly to 58 percent. Parental substance abuse issues cross age, race, and gender as one of the more frequent critical issues. These are certainly problems to be addressed by the system in providing prevention, education, intervention, and treatment services.

The critical issue of children diagnosed with learning disabilities appears in 25 percent of all cases. When split by various categories, it appears as a substantial issue for children who are ages 13+ (34 percent), in a group placement (40 percent), males (29 percent, compared to females.17 percent), and children who are adjudicated delinquent (34 percent).

There appears to be considerable risk of custody for children experiencing multiple risk factors. The following chart indicates the frequency of the risk factors.

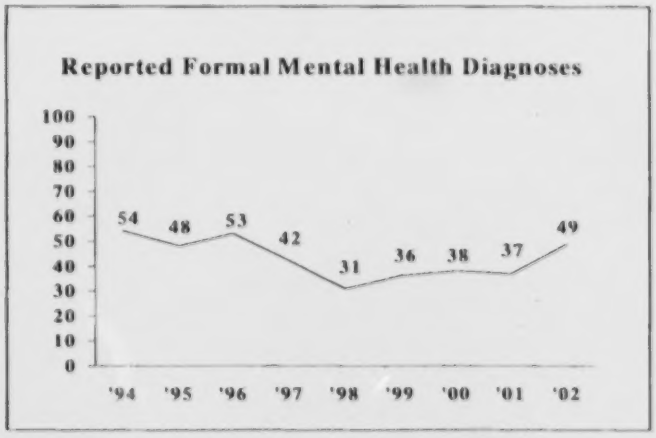
Frequency of 19 At-Risk Critical Issues by Child



Refer to Appendix D for a complete list of critical issues for all cases and 19 specific at-risk critical issues by age, race, gender, residence and adjudication.

Mental Health Needs of Children

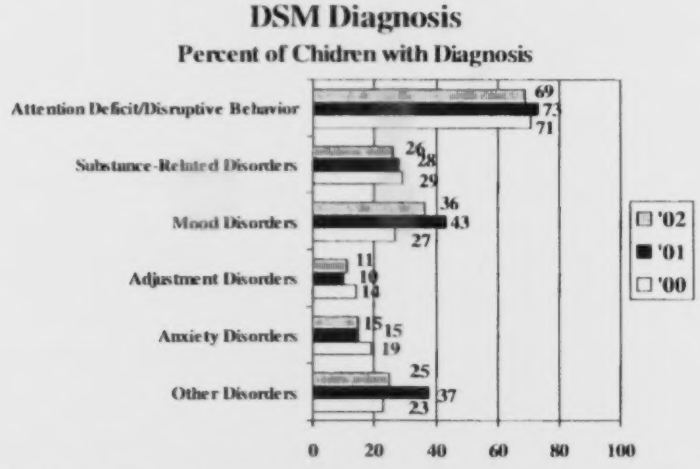
One of the major critical issues for children and parents relates to their mental health. Forty-nine percent of the children in care in 2002 were diagnosed with a formal mental health diagnosis. Sixty-seven percent of all cases in the sample have a mental health issue/diagnosis related to the child, or parent or both. In 30 percent of these cases the child has a mental health diagnosis, and the parent(s) also has a diagnosis/issue, illustrating the need for appropriate coordination of services for the entire family.



The chart indicates a substantial increase in the percent of children who have a formal mental health diagnosis. This increase is primarily attributed to improvements in obtaining psychological evaluations for children rather than an increase in the number of children with mental health treatment needs.

The primary diagnosis for 69 percent of the children with a formal mental health diagnosis was Attention Deficit/Disruptive Disorders (69%) (i.e., Attention-Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder) followed by mood disorders at 36 percent. Many of these same children (55 percent)

could be identified as having dual diagnoses or co-occurring disorders: mental health diagnosis plus substance abuse.



"Other" included children diagnosed with learning/communication disorders, autism spectrum disorders, mental retardation, personality disorders, and psychotic disorders.

The percentage of children whose mental health needs are being recognized with a formal diagnosis (49 percent) has increased from a low of 31 percent in 1998. However, a substantial number of children who needed psychological evaluations or other specialized assessments were not receiving them due to inadequate assessment of the child's mental health needs when the case managers did not recognize the need or did not request services in ways or using language likely to result in approval. Another factor relates to not effectively reporting behavioral and other issues during EPSDT to help identify the need for psychological evaluations and other specialized assessments.

Supportive data is found in the category "Critical Issues" of children in the following table.

Child/Family (in percent)	B-5 yrs	6-12 yrs	13+ yrs
Child has experienced psychiatric hospitalization.	0	10	27
Child has attempted suicide/had suicidal ideations.	0	11	28
Child allegedly has been sexually abused.	6	39	26
Child allegedly has been physically abused.	23	28	29
Child was abandoned.	20	27	16
Parent has mental health diagnosis/issues.	44	39	32

The Child and Adolescent Functional Assessment Scale (CAFAS) results indicate an additional 21 percent of the children with substantial psychosocial impairment have no mental health diagnosis.

Another substantial "Critical Issue" for children and their parents is substance abuse, especially for children ages 13+. Eighty percent of all children ages 13+ have substance abuse issues and/or have a parent with substance abuse issues.

A full continuum of services is desperately needed to address both the mental health needs and the substance abuse issues for children and their families.

While in most cases children are receiving the necessary EPSDT well-child screening, EPSDT should be better utilized to obtain authorization for needed psychological evaluations and other specialized assessments, as well as to access treatments identified as needed through the screening process. Improvements in EPSDT documentation would also be beneficial.

CPORT Findings: Status of the Child/Family

The overall status of the child/family was 87 percent positive in 2002, a return to the previous best level of 1999.

Child/Family (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Children reviewed in an overall positive status	74	75	79	83	81	87	84	84	87
Safety of children positive	91	93	92	93	95	95	93	93	94
Children's physical well-being addressed	95	94	96	95	99	98	97	95	97
Children placed with adequate caregivers	90	92	91	94	94	96	93	94	95
The child's emotional well- being addressed	78	78	82	84	85	90	88	87	88
Families receiving services to remain intact or to reunify with children	58	62	66	68	60	74	80	80	83
Families were satisfied with services received	85	59	67	69	65	70	68	57	72

Children placed with adequate caregivers and the safety and physical well-being of children remained strengths.

The emotional well-being of the child had improved from 1994 (78%) until 1999 (90%). This indicator decreased slightly since then, and was 88 percent in 2002. The emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative.

Children who were rated negative in emotional well-being most frequently were in need of treatment because of issues related to abandonment, separation and attachment, grief and loss, and/or sexual or physical abuse. Services to address these issues were not always being provided, and/or not recognized as a treatment need. Many children with a history of sexual or physical abuse or behavior problems needed a psychological evaluation; however, they had not received one because the case manager had not requested one, as the need was not recognized. Consequently, children were not always able to access needed mental health services.

Although still the greatest overall deficiency, family satisfaction (72 percent) showed substantial improvement from 2001. Families least satisfied were those with

children ages birth to five. In some regions across the state case managers expressed the need for training in how to work with parents, understand parents' rights, and how to deal with crisis situations. Families least likely to achieve progress were those families with children residing in foster placements. Twenty-eight percent of the families were not satisfied with the system, often because they were not receiving appropriate services at the level needed in a timely manner.

The complete results for the Status of the Child/Family are presented in Appendix C.

CPORT Findings: Adequacy of Service System Functions

System Adequacy (in percent)	'94	'95	'96	'97	'98	'99	'00	'01	'02
Service system functioned adequately overall to meet needs of child/family	31	40	46	51	33	46	42	38	54
Assessment of needs of child/family	75	80	86	86	73	70	68	65	74
Service plan design	64	63	71	72	48	63	63	58	70
Service plan implementation	63	66	67	73	69	79	78	79	85
Service coordination	52	61	65	70	59	67	71	69	77
Monitoring/change	52	61	66	72	60	74	80	84	87
Supportive intervention for children to achieve permanent goal	55	64	65	72	64	76	76	81	82
Progress achieved by family	80	50	56	56	52	55	59	55	57

Overall, the system performed adequately 54 percent of the time, an increase from 38 percent last year. The system's ability to identify and assess child and family problems had been a strength from 1995 to 1997, but this performance area began to decline in 1998 and continued to decline to 65 percent in 2001, the lowest performance ever on this indicator. In 2002 adequate assessments increased to 74 percent, but still one-fourth of children in custody receive an inadequate assessment of their needs.

Factors contributing to inadequate assessments included incomplete social histories or no social histories; children/parents needing psychological evaluations but not receiving them; and/or children not receiving appropriate follow-up evaluations, such as developmental, alcohol and drug, psycho-sexual, and psycho-educational assessments. Some of these problems were attributed to inadequate training in developing a thorough social history or recognizing the need for additional assessments. Inexperienced case managers, turnover, and case manager reassignments also adversely impacted assessments. DCS began implementing regional assessment teams in 2001, but not all regions utilized an assessment team approach. Even though this varies across regions, there was substantial improvement in assessments in 2002.

The assessment of needs was weakest for children in the 13+ age group, or in group placements, or on runaway. Additionally, some parents were not receiving adequate assessments that would assist the case manager in determining the appropriate service needs for children to return home.

Service plan design (70 percent) improved from 2001 but continued to be the weakest indicator contributing to the overall system inadequacy. The permanency plans failed to address child or family needs, were out of date, contained inappropriate goals, were not individualized, or listed inappropriate services or strategies to obtain desired outcomes for children and families. In a few cases there was no plan. Service plan design was best for children who were ages birth to 5.

Service coordination increased to 77 percent in 2002. For 23 percent of the children and families, coordination was inadequate between the case managers, placements, and families. Problems included lack of information, lack of coordination or sharing of information, and fragmentation of knowledge of needs of child and family. In most cases the caseloads averaged 17, much improved from 25 (the number of cases suggested by CWLA considered to be a manageable caseload) in 2001, and more in line with the requirements established by the Brian A. consent decree. Juvenile Justice caseloads averaged 28.

Supportive intervention for children to stay or return home was 82 percent for 2002, an increase to its highest level ever. Progress achieved by family was the weakest of the non-default indicators and often correlates to supportive intervention to achieve the permanent goal. Progress achieved by the family remains a concern. There is a need for family support services of sufficient scope and intensity to remediate or to prevent escalation of problems and to keep the child and family together. Families of children age 13+ were more likely to achieve progress than the families of younger children, especially children ages 6-12. There were major variations by residence and adjudication. Families of children placed at home were more likely to achieve progress than families of children in foster placements. The families of children adjudicated delinquent or unruly were much more likely to achieve progress than families of children adjudicated dependent neglect.

Advocacy for children in custody and their families was 81 percent in 2002, the highest yet. Advocacy was weakest for children adjudicated unruly. It continues to be a major concern, with only family progress having lower positive outcomes.

The complete results for the Adequacy of Service System Functions are presented in Appendix C.

CPORT System Observations

Content analysis of strengths and performance issues across 12 Department of Children's Services regions revealed common strengths and weaknesses.

Strengths Identified Statewide

- Most children were appropriate for custody at the time of custody.
- Efforts were made to place siblings together when appropriate.
- Most children were in the least restrictive, most appropriate placement to meet their needs.

- The majority of children were in placements close to home or in the DCS region.
- In most cases the TNKIDS extract/screens contained accurate information.
- The majority of foster homes were high quality and very committed to children, and many were willing to adopt.
- Excluding runaways, children were receiving Early and Periodic Screening, Diagnosis and Treatment services.
- Substantial services had been provided in an effort to prevent custody.
- Most children needing special education services were receiving them.
- The system was making efforts to reduce social services caseloads to meet Brian A. requirements (from 25 in 2001 to 17 in 2002).

Weaknesses Identified Statewide

- The assessment of needs identified for children/families was often inadequate.
- Many Permanency Plans were inadequate, not addressing current issues/service needs of child and family.
- Service coordination and communication between various system components were often inadequate.
- Many children experienced multiple placements (four or more).
- Many children had experienced a change in case managers within the past 12 months because many case managers possessed 12 months or less experience and other case managers were reassigned.
- Many children stayed in custody too long.
- Truancy or other school problems were major factors contributing to custody for a number of school-age children.
- A number of children experienced lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement.
- A number of children experienced multiple custodies, in some cases three or more times.
- A number of children received in-home services/crisis intervention but still entered custody.

Refer to Appendix B for regional information on Service System Strengths, Noteworthy Accomplishments, and Service System Issues. Refer to Appendix F for a comparison of results by region.

System Component Performance

The system of care for children and families can be separated by system components. Upon completion of each case, the reviewers were asked to answer questions regarding the roles and responsibilities of the various system components. Each question is scored based on response options: "yes" received 100 points, "somewhat" received 50 points, "no" received 0 points. If the responses were not

applicable they were not included in the data. Points were averaged for the scores given. This additional data piece provides information that directly relates to the overall system outcomes.

A comparison of the performance ratings by race indicated that performance ratings for the Department of Children's Services responsibilities were better overall for Caucasian children than African-American children, especially in collecting all necessary information to assess the child/family in a timely fashion and providing appropriate legal and/or other assistance necessary to move the child out of state custody in a timely manner. That was also true for the court. The court rated lower for African-American children in facilitating release of the child from state custody, when appropriate, in a timely manner. The overall rating for parents was considerably lower for African-American children in visitation, providing informal support, and assisting the child in obtaining the permanent goal. These circumstances are shaped by the following: 81 percent of African-American children have little or no relationship with father, 68 percent of the children have a parent with substance abuse issues, 60 percent of the children are from large sibling groups, 69 percent of the parents have never married, 49 percent live in poverty, 47 percent of the children have little or no relationship with mother, and 41 percent of the families live in high crime areas, all substantially higher than the percentages for Caucasian and other children.

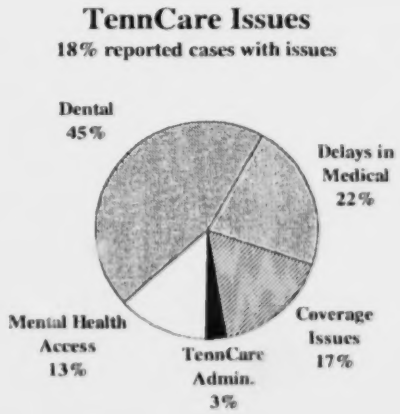
Refer to Appendix E for scores for the Department, Placement, Parent, Court, School System, and Child.

TennCare/TennCare Partners/MCO/BHO/EPSDT Issues

TennCare problems were reported in all regions except Davidson and Mid-Cumberland. Regions with the most problems reported in East Tennessee and Southeast. Recurring TennCare issues across regions included the following:

- There were delays in receiving dental services because of an inadequate provider network, and in some cases children had to travel outside a 30 mile radius to see a dentist for routine/specialized services.
- There were delays in medical services because of an inadequate provider network.
- Coverage was denied, including prescription medications, special services, and special medical supplies.
- There were delays in receiving mental health services because of an inadequate provider network. In some cases there was concern about the quality of services/providers. Services were not always available timely or as often as needed.

- There were lapses in services because of failure to transition children in TennCare when custody ceased, or when placement changed from secure to nonsecure.
- There were problems in billing causing delays in services and confusion regarding responsibility for payment.
- In some cases children had to travel over 30 miles to receive medical services.



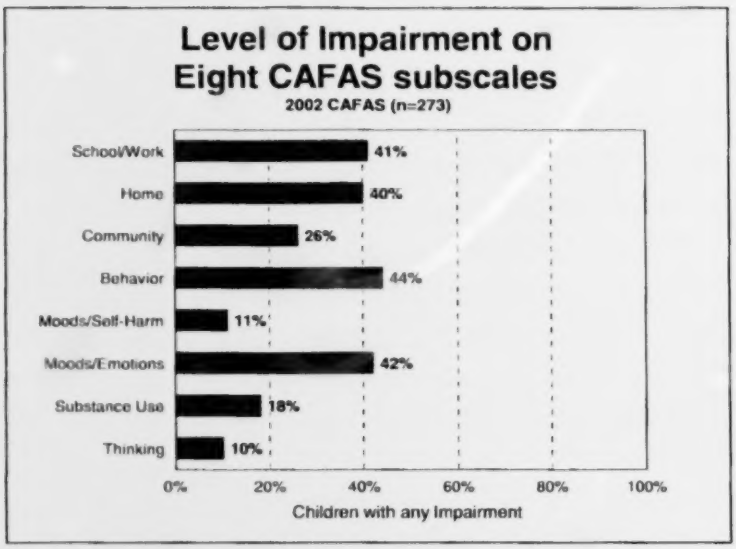
Of the 342 children reviewed, 18 percent had reported TennCare issues. Most of the issues were dental (45 percent), followed by medical (22 percent). Coverage issues (17 percent) included refusals to pay for prescription medications, specialized equipment, and specialized surgical procedures, and termination of TennCare when child transitioned home. TennCare Administration issues for 3 percent of the cases included parents being billed inappropriately and computer problems related to eligibility for services.

Summary of CAFAS Findings

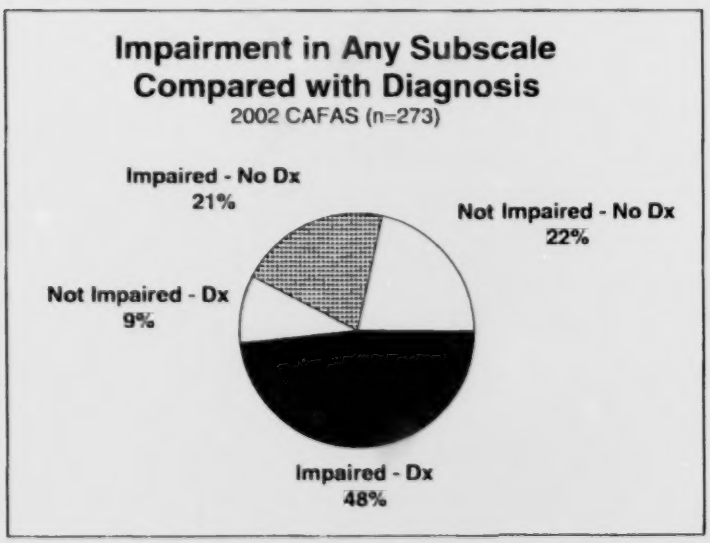
The Child and Adolescent Functional Assessment Scale (CAFAS) is used as a supplemental tool to the CPORT evaluation. The assessment is very useful in determining a child's ability or inability to function in the community by measuring the child's level of psychosocial impairment. The CAFAS measures the degree of psychosocial impairment in functioning of children and adolescents secondary to emotional, behavioral, or substance use problems. The CAFAS is multidimensional, measuring functioning in five areas: role performance (school, home, and community), moods (self-harm and emotions), behavior towards others, thinking, and substance abuse.

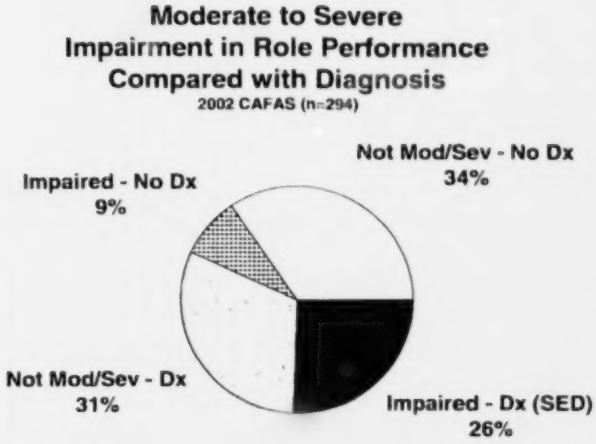
From the total 342 children and youth (ages birth to 21 years) included in the 2002 CPORT sample, 295 were ages 4-18 and thus eligible for the CAFAS scale. For 13 of the 295 cases, insufficient information was available to complete a CAFAS, bringing the final number of eligible completed cases to 282, which represents a 96 percent completion rate.

Although many of the children were rated as functioning in the average range for their age for specific areas, 66 percent demonstrated some type of impairment in at least one area. Forty-four percent of the children demonstrated some type of impairment in at least two or more areas. Forty-five percent were rated with moderate or severe impairment in at least one area. Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community, and includes the subscales for school/work, home, and community) and behavior.



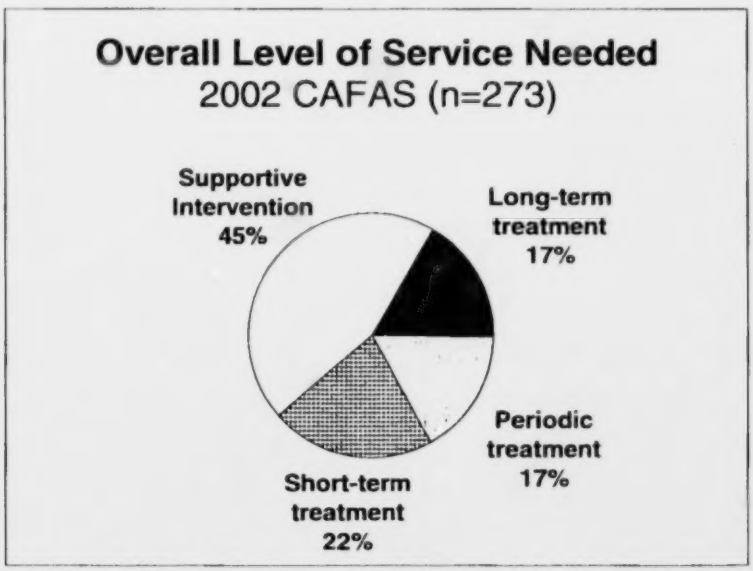
The pie chart shows the distribution of children with impairment in any subscale of the CAFAS. As noted earlier, 49 percent of the children in custody had a reported formal mental health diagnosis. Of those children with a completed CAFAS, 21 percent of children without a reported formal mental health diagnosis scored a mild, moderate or severe impairment in any subscale. Many of the nine percent of children who had a mental health diagnosis but rated as not impaired on the CAFAS may in fact be functioning at that level because of the effectiveness of treatment, including medications, they were receiving as a result of the diagnosis.





Children with both formal mental health diagnosis and moderate or severe impairment in their daily living skills as measured by psychosocial functioning are considered seriously emotionally disturbed (SED) and at highest risk of future problems. Twenty-six percent of the children were so identified.

Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children and youth in state care: 45 percent, supportive intervention; 22 percent, short-term treatment (up to 6 months); 17 percent, periodic treatment over a 6-24 month period; and 17 percent, long-term treatment (one to five years). This indicates a significant proportion of children needing specialized and long-term care.



Summary of CBCL Findings

The Child Behavior Checklist (CBCL) is an assessment tool designed to record in a standardized format children's competencies and problems as reported by their parents or caregivers, teachers, and youth ages 11-18. The CBCL is also designed to identify syndromes of problems that tend to occur together either as

externalizing or internalizing behaviors. A CBCL was completed on 219 children in the CPORT sample. The CBCL was completed either by the parent, if the child were residing in the home, or the caregiver, where the child was placed and had resided for at least two months. Twenty-nine percent of the children ages 6-18 were identified with internalizing behaviors at the borderline or clinical level. Internalizing behaviors included syndrome scales designated as withdrawn, somatic complaints, anxious/depressed. Forty-one percent of the children were identified with externalizing behaviors at the borderline or clinical level. Externalizing behaviors included aggression and delinquent behavior. Social, thought, attention, and "other" problems contribute to total problems along with the internalizing and externalizing profiles.

Thirty-two percent of the children between ages 18 months to five years were identified with internalizing behaviors at the borderline clinical or clinical level; 21 percent were identified with externalizing behaviors at the borderline clinical or clinical level.

Conclusion

The CPORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 2002 results indicate an increase in the overall percentage of children in a positive status (87 percent) compared to the previous year (84 percent). Overall most children are in a positive status and are safe, receiving services and supports to address their physical well-being and with caregivers who are able to provide necessary supports and supervision. The emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative. The 12 percent of children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss, and/or abandonment. Children adjudicated delinquent were least likely to receive the appropriate level of services to address their emotional well-being.

Most children were in least restrictive, most appropriate placements to receive services, and the stability of the child's living arrangement was positive.

Both child and family satisfaction improved and, although it is not always an indicator of the quality of services received, families were satisfied 72 percent of the time, a substantial increase from 57 percent last year. Families were the most satisfied when the children were in group placements and they were receiving services for the children to return home. There were differences in family satisfaction based on age, with families of children who are ages 6-12 much more satisfied than families of children age birth to five. There was not much difference in satisfaction based on race, residence or adjudication.

In 2002 the system functioned adequately 54 percent of the time, a substantial improvement over 2001 (38 percent) and the best ever. All system indicators

improved, except for placement resources, and child progress remained the same as last year.

Child participation (92 percent) and family participation (93 percent) were major strengths, indicating the system was engaging most children and families in the planning and implementation of services. However, only 57 percent of the families were making progress or improvement as measured in outcomes/benefits. Families were more likely to achieve progress when children were placed at home. Families of children in foster homes were least likely to achieve progress.

Although substantial improvement was made in assessment of needs, service plan design and service coordination, these essential indicators still need attention.

The assessment of needs indicator for identifying the needs of children and families was 74 percent. This most essential indicator had been a strength from 1994 to 1997. The weakest system function was service plan design (70 percent adequate). Inadequate assessments and permanency plans contributed to inadequate progress achieved by the family, especially for children ages six and over, and to children remaining in custody too long. Inadequate assessments and permanency plans also relate to weak performances by the department and the parents on all system component responsibilities. Service coordination also needs to be improved for all children.

TCCY CPORT Recommendations

Based on all the information collected in the CPORT process, the following are priority recommendations for enhancements in children's services that should improve both system functioning and outcomes for children and families.

- **Ensure children have adequate and on-going assessments.**
  - Improve the development of social histories and keep them current.
  - Identify case managers and caregivers to report behavioral and other issues during Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to help identify the need for psychological evaluations.
  - Train case managers to recognize the need for additional or specialized assessments for children and parents.
  - Train case managers and caregivers to report behavioral and other issues during Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to help identify the need for psychological evaluations.

- **Develop Permanency Plans that adequately reflect the strengths, weaknesses, and needs of the child and family as identified in the assessment.**

  - Plan services without limiting them only to those issues that brought the child into custody, but address all needs of the child and family to be a coherent and consistent document that guides case manager, service providers, family, and the child in identifying and obtaining the desired goals.
  - Include families in the design of the permanency plan.
  - Consider all the critical needs of the child/family in the permanency plan to achieve the permanency goal.
  - Ensure permanency plans address all educational, health and mental health needs of children and parents.
  - Ensure that the proposed interventions and supports are individualized and appropriate to the situation and/or person's capabilities.
  - Train case managers in practical casework skills, family dynamics, and working relationships as they relate to permanency plans.
  - Keep permanency plans current or up-to-date as the needs and services change.
  - Revise permanency plans to reflect progress or lack of progress of the child or family in meeting permanency plan goals.

- **Improve service plan implementation.**

  - Inform case managers of the resource directory that is available for locating services and placements specific for each region.
  - Identify the appropriate community services to keep children as close to home as possible.
  - Ensure all identified essential service needs contained in the permanency plan are provided in a timely manner, at the level of intensity needed, and by qualified providers.

- **Improve the continuity of care and coordination in the provision of services to the child and family.**

  - Identify a single point of coordination and accountability for the permanency plan and those involved in its implementation.
  - Improve communication and coordination among all parties involved especially, between case managers, schools, placements, and service providers.
  - Increase efforts to integrate services.
  - Ensure adequate communication so all relevant persons involved know the current status of the case.
  - Train case managers on how to advocate on behalf of the child and family, based on the Brian A. principles.

- **Address the emotional well-being of children.**

  - Train case managers to understand and recognize the mental health needs of children.
  - Ensure children receive the services and supports necessary to make progress.
  - Develop and implement strategies to ensure children receive individualized services based on their unique strengths and needs.
  - Utilize EPSDT for identification, treatment, and follow-up services.
  - Utilize the Health Units as a means to secure the appropriate services.

- **Increase family unification efforts to assist families in achieving reunification.**

  - Become a responsive system to the strengths and needs of the family.
  - Train case managers in basic social work skills to assist families in building the capacities necessary to function independently and to explore beyond the immediate reasons for custody.
  - Improve the development of social histories to include historical and current information on the child and family.
  - Improve identification of family needs, including provision of appropriate evaluations or assessments.
  - Ensure permanency plans address the current needs of the family.
  - Identify options for substance abuse treatment for parents as required by the Adoption and Safe Families Act.
  - Increase awareness of the importance of family-type settings for placements, if children cannot remain in their homes, and make efforts to maintain children in their communities.
  - Exercise timely and diligent searches for relative placement.

- **Improve advocacy for all children.**

  - Further reduce the number of children in custody too long.
  - Improve access to advocacy for children in custody and their families.
  - Ensure that fundamental due process rights for children and families are met.
  - Ensure timely termination of parental rights and adoption.
  - Fund additional Court Appointed Special Advocate (CASA) programs to provide trained and supervised lay advocates.

- **Improve overall system performance.**

  - Focus on improving system functions for all children.
  - Especially focus on improving assessment of needs, permanency plan development, and service coordination.

Training Recommendations

- **Provide skills-based training to new and existing staff for consistent principles in best practice.**

  - Continue to apply the Brian A. principles and develop a standard of practice for serving children and families.
  - Develop and implement a training model incorporating the Brian A. principles and basic social work skills.
  - Promote partnerships with children and families.
  - Provide training regionally.
  - Provide on-going training as policies/procedures change.
  - Provide training by trainers experienced in actual casework and case management.
  - Provide opportunities to "shadow" experienced case managers.
  - Provide detailed and specialized casework skills training, including increased hands-on experience.
  - Provide more job-specific training.
  - Provide early supervision and periodic review of cases.
  - Provide clear training on how to complete and use required forms.

- **Train staff to adequately serve children and families by providing detailed and specialized skills needed to implement job responsibilities.**

  - Develop a users guide for completing paperwork documentation requirements.
  - Provide early and ongoing supportive supervision.
  - Provide training in social history development, including when to complete and when to update.
  - Train case managers regarding the scope and functionality of assessments and how to analyze and synthesize the information to form a comprehensive view of the child and family's ongoing needs.
  - Train case managers to recognize the need for psychological evaluations and specialized assessments for children and parents and to identify issues for the child during EPSDT.
  - Provide training in permanency plan development that addresses the needs and problems identified in the assessment of needs.
  - Teach case managers about appropriate goal planning, including Adoption and Safe Families Act requirements.
  - Inform case managers of the directory of resources that are available within their region and instructions on how to access needed services.
  - Provide computer training earlier in TNKIDS, including how to print needed screens.

- Train case managers on effective interviewing techniques when working with families or when dealing with difficult parents or children in crisis.
- Provide training in specialty areas, including special education, cultural competency, interstate compact for placement, adoption procedures, and transitioning children from placement to placement or to adult mental health or mental retardation/developmental disabilities systems.
- Provide training in time management, crisis management, and organization skills.

Recommendations For Additional Resources

- **Increase early intervention and prevention services to reduce the risk of custody.**

  - Improve collaboration efforts between schools, courts, families, and other child-serving agencies.
  - Provide intervention or prevention services at the level needed to reduce the risk of custody.
  - Provide additional programs and services to address substance abuse issues for children and families.
  - Seek and utilize relatives and provide in-home services as needed.
  - Develop truancy prevention services and programs.

- **Expand home/community resources required to address the needs of the child and/or family.**

  - Develop collaborative arrangements with other state, local, and private agencies to ensure funding provides infrastructure required to support community resources purchased with wraparound or flexible funds.
  - Expand the base of mental-health services at the provider level, including psychiatrists, psychological examiners, child psychologists, and other counselors.
  - Improve access to mental health services at the level of intensity needed, including increased counseling sessions by qualified providers specializing in children's mental health issues.
  - Provide substance abuse services for children and parents.
  - Enlarge the pool of flexible funds to provide intensive wraparound supports that fit the child and family and provide more flexibility for access.
  - Increase the funding for services for parents who do not have the financial means to comply with the permanency plans.
  - Increase respite care services for the child and family.

- Provide better access to child and family support services, including parenting classes, recreational activities, mentoring, housing assistance, transportation assistance, career planning, tutoring, vocational guidance and testing, after-school programs, day care, etc.

- **Provide adequate placement resources for appropriate out-of-home placements in a timely manner as close to home as possible, preferably within the home county and at least within the region.**

  - Recruit regular and therapeutic foster homes in every county for children of all ages.
  - Increase the number of statewide alcohol and drug programs for children and parents.
  - Increase the number of programs/placements statewide for older and younger children, male and female, who need sex offender treatment.
  - Provide optional placements for children needing gradual reintroduction into family and community settings.
  - Establish additional Independent Living Programs or placements.
  - Increase the placement options for children with dual diagnoses/co-occurring disorders, and children diagnosed with mental retardation.
  - Adequately prepare children for transition to adult mental health or mental retardation/developmental disabilities systems, if applicable.
  - Ensure children in continuum placements are placed as close to home as possible.

- **Provide additional resources to DCS staff to increase productivity.**

  - Clerical support.
  - Working computers, copiers, etc.
  - Voice mail.
  - Additional office space.
  - Transportation staff and/or state vehicles for transporting children or parents.

- **Continue the CPORT evaluation to provide an independent mechanism for systems improvement.**

The Children's Program Outcome Review Team evaluation process provides a mechanism for system improvement by measuring the effectiveness of the service delivery system, its successes and failures. It has been a valuable tool in identifying issues as the system has experienced change:

- Initiation of the Children's Plan;
- Consolidation of separate custodial departments to the Department of Children's Services;
- Implementation of the new DCS service delivery model and its impact;
- TennCare implementation;

- TennCare Partners impact;
- Transition to TennCare Select;
- John B. EPSDT Litigation.

From 1994 to1997 the CPORT evaluation results showed continued improvement in system functions. In 1998 the performance indicators declined, in some areas dramatically. The 1999 data indicated a path of progress in most areas. However, in 2000 a number of indicators declined, regressed, or stayed at low levels and in 2001 declined still lower. The Brian A. child welfare litigation provisions are already incorporated in the 2002 CPORT protocol to assist in measuring compliance.

The beneficiaries of the CPORT evaluation process are the children in state custody and their families. CPORT data empowers key stakeholders, policy makers and legislators to make informed decisions for funding allocations, policy changes, and program development. It significantly contributes to identifying additional resources that benefit both children and case managers. CPORT also provides a tremendous service to both citizens and the service system by providing independent information to enable TCCY to either validate complaints or to defend the system and refute inaccurate or unfair allegations.

The challenges for the system are great and complex. The information that is provided by the CPORT evaluation assists key stakeholders in making important decisions regarding programs and services that best meet the needs of children and families.

Participation of DCS staff as external reviewers needs to be encouraged to facilitate an understanding of and focus on an outcome-oriented system that optimally serves the needs of the children and families involved. The cross-training provided by participation in the CPORT evaluation is also be beneficial. Budget reductions for CPORT further emphasize the need to use more DCS staff as eternal reviewers.

The CPORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

APPENDIX A

Definition of Terms

Abandoned/abandonment: To give up a child completely to the state, or to desert the child either before or after custody. Examples: child is left with relative or friend, child comes into custody, whereabouts of parents are unknown; child removed from parent's home due to neglect or abuse, parent then moves away and never calls, writes, or visits child again; parent diminishes contact with child over time to the extent that child eventually never hears from parent.

Abuse: As the term relates to juvenile court – "Abuse" exists when a person under the age of 18 is suffering from, has sustained, or may be in immediate danger of suffering from or sustaining a wound, injury, disability or physical or mental condition caused by brutality, neglect or other actions or inactions of a parent, relative, guardian or caretaker [TCA 37-1-102(b)(1)].

Adjudication: The court's process to determine the validity of the allegations made in a petition or complaint.

Adoption and Safe Families Act (ASFA) of 1997: Federal legislation requiring the timeline for Permanency Planning hearings to be 12 months, with related guidelines on reasonable efforts to ensure reunification with family or relatives or termination of parental rights for children in custody 15 of the last 22 months.

Assessment: A global term for observing, gathering, recording, and interpreting information, to answer questions and make decisions. An adequate assessment should generally include a complete collection of pertinent information pertaining to the child and family that would enable the case manager to create an appropriate long-term view for services and design an adequate permanency plan.

Behavior: As defined by the Child and Adolescent Functional Assessment Scale – The degree to which the child's daily behavior toward self and/or others is appropriate, acceptable and understandable taking into account developmental level including patterns of interpersonal interactions.

Child: A person under 18 years of age. In no event shall a person 18 years of age or older be committed to or remain in the custody of the Department of Children's Services by virtue of being adjudicated dependent and neglected, unruly or in need of services, unless in custody prior to the age of 18 and determined to remain in the care of the department in order to complete high school or other educational training or for the purpose of receiving other services. The Department of Children's Services may review the status of any person who has reached the age of 19 who is in the legal custody of the department and whose last commitment is based on an adjudication of delinquency to determine if the person should remain in the care of the department in order to complete high school or other educational training or to receive other services [TCA 37-1-102(b)(4)].

Confidence level: The probability of obtaining a given result.

Congregate living facility: Applies to group living facilities with more than eight beds.

Custody: The control of actual physical care of the child and includes the right and responsibility to provide for the physical, mental, moral, and emotional well-being of the child. Custody under the juvenile court relates to those rights and responsibilities as exercised either by the parents or by a person or organization granted custody by a court of competent jurisdiction [TCA 37-1-102(b)(8)].

Custody too long: Based on the totality of circumstances, a universal strategic way of concluding permanency should already have been achieved for the child.

Data: Pieces of information that can be analyzed and used to bring understanding about an event or activity presented numerically.

Delinquent act: An act designated a crime under the law, including local ordinances of this state, or of another state if the act occurred in that state, or under federal law, and the crime is not a status offense, and the crime is not a traffic offense as defined in the traffic code of the state other than failing to stop when involved in an accident, driving while under the influence of an intoxicant or drug, vehicular homicide or any other traffic offense classified as a felony [TCA 37-1-102(b)(9)].

Delinquent child: A child who has committed a delinquent act and is in need of treatment or rehabilitation [TCA 37-1-102(b)(10)].

Dependent and neglect child: A child who is without a parent, guardian, or legal custodian; whose parent, guardian, or person with whom the child lives, by reason of cruelty, mental incapacity, immorality, or depravity is unfit to properly care for child; who is unlawfully kept out of school; whose parent, guardian, or custodian neglects or refuses to provide necessary medical, surgical, institutional, or hospital care for such child; who because of lack of proper supervision, is found in any place the existence of which is in violation of law; who is in such condition of want or suffering or is under such improper guardianship or control as to injure or endanger the morals or health of child [TCA 37-1-102(b)(12)].

Detention: Confinement in a secure or closed type of facility that is under the direction or supervision of the court or a facility that is designated by the court or other authority as a place of confinement for juveniles [TCA 37-1-102(b)(13)].

Domestic violence: Physical violence between two or more people within their home environment.

DSM IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – A categorical classification of mental disorders into types based on criteria sets with defining features. It uses a multi-axial system that refers to a different domain of information that may help the clinician plan treatment and predict outcome. There are five axes included in the DSM-IV multi-axial classification:

Axis I	Clinical Disorders.
Axis II	Personality Disorders. Mental Retardation.
Axis III	General Medical Conditions.
Axis IV	Psychosocial and Environmental Problems.
Axis V	Global Assessment of Functioning (GAF) for reporting the clinician's judgment of the individual's overall level of functioning.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): This is a required service under federal Medicaid law, and thus is required in Tennessee's managed care Medicaid program known as TennCare, mandating a well-child screening for all children under the age of 21, and treatment for any problems identified. All children under TennCare should get regular screenings (checkups) from their primary care physicians in their MCOs. The EPSDT screening must include seven elements:

1. Comprehensive health and developmental history.
2. Comprehensive unclothed physical exam.
3. Appropriate immunizations (shots).
4. Laboratory tests.
5. Health education.
6. Vision screening.
7. Hearing screening.

Additional requirements include an annual dental checkup.

The MCO and/or BHO must provide child with medically necessary diagnostic testing and treatment for any health, developmental, or behavioral problem found as a result of the EPSDT checkup.

Emotional Well-being: A state of emotional stability, objectivity, and friendliness indicating a lack of emotional problems (e.g., depression, withdrawal, non-compliance, acting out, sexual abuse, physical abuse, grief, separation and loss, etc.) that could disrupt the home situation and precipitate need for longer term services if those needs were left unaddressed.

Environmental/cultural deprivation: Lack of exposure to basic social norms.

Family-centered: Services that look at the needs of the whole family, not just at the child being served.

Family Crisis Intervention Program (FCIP): Applies to children who have been adjudicated unruly. Prior to ordering a commitment to the Department of Children's Services, the child must be referred to the family crisis intervention program. The court may commit the child to the Department of Children's Services after such juvenile-family crisis intervention program certifies to the court that there is no other less drastic measure than state custody. [TCA 37-1-132(b)(2)].

Family-focused: Plans, services, and evaluation processes that focus on the whole family and not just on the child.

Guardian ad Litem (GAL): The attorney appointed to represent the best interests of the child in court proceedings. TCA 37-1-149 identifies when a GAL should be appointed and requires such an appointment in child abuse cases.

Incarceration: For the CPORT protocol, incarceration refers to a parent who has been jailed or imprisoned pending charges or following an adjudication for an offense, and the jailing/imprisonment has had an impact on the family environment and the child's emotional and/or physical well-being. This can refer to past or present incarcerations.

Large sibling group: Refers to siblings of three or more; the average family in Tennessee has approximately two children. Large sibling groups tend to increase service and placement issues and needs.

Little or no relationship with father/mother: Biological parent or parent figure has been absent from the home over time, resulting in little or no involvement in child's life. Child may know who parent is, but there is no real bonding or involvement or relationship established.

Length of Stay: Period of time a child has been in custody from admission to the date of the CPORT review.

Kinship care: Children residing in relative or friend placement paid by the Department of Children's Services.

Moods and emotions: As defined by the Child and Adolescent Functional Assessment Scale – the extent to which the child's behavior exhibits age-appropriate skills, control, and expressions of feelings, and the absence of self-harmful behavior.

Outcome: Measurable changes that occur in the individual or organization over time.

Population: A group that has something in common, for example, children in custody and their families, delinquent children, etc.

Permanency Plan: A written plan for a child placed in custody of Department of Children's Services. This document should set out requirements to achieve family reunification or other appropriate plan for permanence.

Physical Well-being: Physiological needs as measured by sufficient food, shelter, clothing, and primary health care that, if not addressed would lead to family disruption, medical problems, and physical problems.

Poverty Level: An individual or family with earnings that fell below the 2002 thresholds in the table below:

Size of Family Unit	Amount
1	$ 8,860
2	$ 11,940
3	$ 15,020
4	$ 18,100
5	$ 21,180
6	$ 24,260
7	$ 27,340
8	$ 30,420
Each Additional, Add	$ 3,080

Random Sample: Selection by a process that provides each member of a group an equal chance or opportunity of being selected in a sample.

Role Performance: As defined by the Child and Adolescent Functional Assessment Scale – The effectiveness with which the child fulfills the roles most relevant to his or her place in the community, including age-appropriate self-care, chore responsibilities, and observance of rules, school attendance, completion of homework, etc.

Safety: Appropriate safeguards are in place to protect the child, or the community if the child presents illegal/dangerous behavior.

Service Testing: Assessing the quality and outcomes of service systems performance through an organized process of inquiry, including on-site observations, peer review, and collected documents regarding individual children served and their families.

Substance abuse: As defined by the Child and Adolescent Functional Assessment Scale - maladaptive or inappropriate substance use by children or adults that is disruptive to normal functioning.

Substance abuse issues: Refers to regular or excessive use of drugs, legal or illegal, or alcohol, as to be dependent upon the substance or to abuse the substance without dependency.

Thinking: As defined by the Child and Adolescent Functional Assessment Scale - Age appropriate expectations for rational thought and communication.

Statistics: Mathematical terms used for organization and analysis of quantifiable information.

Unruly child: A child in need of treatment and rehabilitation who habitually and without justification is truant from school while subject to compulsory school attendance; habitually is disobedient of the reasonable and lawful commands of the child's parent(s), guardian, or other legal custodian to the degree that such child's health and safety are endangered; commits an offense that is applicable only to a child; or is away from the home, residence, or any other residential placement of the child's parent(s), guardian, or other legal custodian without their consent [TCA 37-1-102 (b)(23)(A)] .

APPENDIX B

Preliminary System Observations by Region

DA - Davidson County, 12/13/2002

ET - East Tennessee, 4/16/2002

HM - Hamilton County, 3/22/2002

KN - Knox County, 10/18/2002

MC - Mid Cumberland, 7/30/2002

NE - Northeast, 5/14/2002

NW - Northwest, 6/28/2002

SC - South Central, 11/19/2002

SE - Southeast, 9/27/2002

SH - Shelby County, 9/4/2002

SW - Southwest, 2/28/2002

UC - Upper Cumberland, 6/5/2002

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Metro Nashville/Davidson County Region
Preliminary System Observations
December 13, 2002

Service System Strengths

All children were appropriate for custody at the time of custody (100%). All children (100%) had a guardian ad litem or an attorney.

All children had received EPSDT screening, except 1 had not received dental and vision screening; 1 child is overdue for an EPSDT; all but 2 received follow-up services identified. There was only one TennCare issue for the children reviewed: application for TennCare has not been completed for a child following initial presumptive eligibility, so the child has not been able to receive needed EPSDT follow-up.

Efforts were made to place siblings together in all appropriate cases except 2 (96%).

All except 5 children (90%) were in the least restrictive, most appropriate placements; 1 needed more restrictive placement; 3 needed less restrictive placements; 1 needed a more therapeutic placement.

All except 6 children (88%) reportedly had been seen by a DCS caseworker within the last 30 days; in 2 cases, discrepancies between the caseworker and the child/placement were reported regarding the last time the child was seen by the caseworker.

38 children (78%) received substantial services/interventions in an effort to avoid custody, including: 14 probation; 12 HomeTies; 8 community/public service; 8 relative/friend placement used; 7 safety plan; 6 child counseling; 5 anger management classes; 4 crisis intervention; 4 CPS; 3 each: child A&D treatment; parent A&D treatment; family counseling; parenting classes; relative/friend placement explored; HUGS; and a variety of other services.

11 of the 14 children who needed special education services (79%) received them.

Assessments were adequate for 35 children (71%). Inadequacies in the other 14 cases were due to: 3 parents needed a parenting assessment; needs for the children: 8 psychological evaluations; 5 updated social histories; 5 independent living skills assessments; 2 psychiatric assessment for medication; 2 vocational testing/assessment; 1 educational assessment; and a variety of other needs. 1 had essentially no assessment. There was inadequate documentation of assessments in some files.

Coordination was adequate for 37 children (76%), with inadequacies between the following: 3 HCCM-caregiver; 3 HCCM-placement; 3 HCCM-school; 2 HCCM-child; 2 HCCM-parents; 2 HCCM-service providers; 2 had essentially no coordination; and a variety of other breakdowns in single cases.

All foster homes were adequate, and 9 of the 19 children (47%) were in foster homes that were very loving, nurturing foster homes making substantial efforts to meet their needs and sometimes supportive of parents; 11 of the children in foster homes (58%) were in foster homes that were interested in adopting them. All 6 paid kinship foster homes were adequate; 4 were excellent; 4 were interested in adopting.

16 of the 17 children in continuum placements (94%) were receiving needed services, and 5 of the 7 families needing services (71%) were receiving them; 1 family not receiving needed services was adversely impacted by the distance the child was placed from home..

Reported social services caseloads ranged from 9 to 19 cases with an average of 15; juvenile justice from 15 to 27 with an average of 22; adoptions from 10 to 13 with an average of 12.

Extracts had accurate critical information in all but 11 cases (78%); inaccurate information included: 6 wrong county of venue – all Trousdale because of Center for Adoption; 3 wrong race; 1 wrong last name; 1 wrong adjudication; 9 TNKIDS screens were inaccurate: 5 inadequate placement history; 3 wrong race; 2 incorrect custody history; 1 wrong last name.

Between the time cases were selected for review and the review was actually conducted, 11 cases (22%) experienced substantial increased activity: 2 TPR filed; 2 HCCM visited parent (1 including the supervisor); 2 placement changed; and 1 each: COE referral; HCCM visited child; permanency plan updated; psychological evaluation completed; psychological evaluation scheduled; social history updated; family counseling scheduled; parenting assessment scheduled; reunification services initiated; application for trial home visit submitted.

Noteworthy Accomplishments

- A HCCM provided extensive assistance to help a child get into college.
- A foster home provided exceptional nurturance that has enabled a child to blossom and make tremendous developmental strides.

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- A foster home has made extensive adaptations to provide a stable permanent placement for a child with substantial disabilities.
- A HCCM provides extensive support for a child and parent, transportation for visits from a distant placement, and is working toward college.
- An agency case manager has provided continuity and functions as a mentor spending substantial time with a child helping him truly turn his life around and assisting with efforts to go to college.

Emerging System Performance Issues

Permanency Plans were inadequate for 15 children (31%). Issues inadequately addressed included: 7 independent living skills; 6 educational; 4 mental health; 3 behavioral; 2 visitation; 2 parenting/visitation with child; 2 medical/medication; 2 special education, and a variety of others; For the parents: 2 family relationships; 1 parenting skills; 1 reunification strategies; 1 participation in child's treatment. 1 had an inappropriate permanency goal; 1 had no strategies to achieve the goal; and 1 had wrong information.

For the 37 children who were not in family or kinship placements, only 18 children were in Davidson County (49%); 7 were in Mid-Cumberland (19%); 2 in YDCs out of region; 7 were in South Central (19%); and 3 were in other regions. Only 7 of the 17 children in continuum placements (41%) were placed in Davidson County.

17 children (35%) had case managers who had been employed by DCS for less than 12 months. 26 children (53%) had a change in case managers within the past year, 6 due to transfer to an adoption worker. 27 children (55%) have a case manager with a good working knowledge of the case.

There were issues with adoption for 5 children (10%) due to failure to adequately explore adoption, and/or provision of needed information about adoption/adoption assistance/negotiated adoption to foster parents, including paid kinship foster parents; adoptions were delayed to wait until foster parents would have priority. Of the 8 children assigned to the Center for Adoption, 3 experienced good efforts for permanency (38%); 1 received adequate efforts; 1 had not been there long enough to know; and 3 children (38%) were/had not received sufficient timely efforts for permanency.

19 children (39%) had experienced 4 or more placements, with the average and the median both 8. Only 13 children (27%) had experienced just 1 placement or just 1 placement since assessment.

Truancy or school problems were factors in custody for 17 of the 37 school age children (46%).

In 10 cases (20%), DCS staff was not facilitating the provision of needed services for families. In 7 cases families were not receiving needed transportation assistance for visitation and involvement in the child's treatment when children are placed a distance from Davidson County.

9 children (18%) had been in custody too long: 3 (6%) needed TPR; 2 (4%) needed adoption; 2 (4%) needed to go home; 1 (2%) needed to be released; 1 (2%) missed the window of opportunity.

11 children (22%) had been in custody 2 times.

3 children were allegedly abused in custody: 1 severely physically abused in a relative placement and removed; 2 sexually abused in a foster home by an older child a long time ago; 1 child was sexually abused in a foster home by a neighbor child with no intervention; 1 child's arm was reportedly broken by staff in a placement with an unknown resolution.

2 children ages 13+ (7%) experienced lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement; the average was 44 days.

Critical Issues

- 38 children (78%) had little or no relationship with their fathers; 16 children (33%) had little or no relationship with their mothers.
- 32 children (65%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee and presenting increased placement and reunification challenges; 13 children (27%) were removed from relatives.
- 32 children (65%) have parents who have never been married to each other. 6 children (12%) have deceased parents.
- 29 children (59%) have parents who are or have been incarcerated, 6 for offenses against the child or a sibling.
- 28 children (57%) have parents with substance abuse issues; 12 children (24%) have both parents with substance abuse issues; for 17 of the children (35%) parents used crack/cocaine.
- 13 children ages 13+ (43%) have substance abuse issues; 8 children ages 13+ (27%) were poly substance abusers; 22 families (45%) have either 1 or both parents or the child with substance abuse issues.
- 18 children (37%) were from homes below the poverty level. 18 children (37%) are from families that live in high crime areas.
- 19 children ages 13+ (63%) are reportedly sexually active. 2 children ages 13+ (7%) were/have been pregnant or parents.
- 15 children (31%) were allegedly sexually abused; 5 involved incest (10%); 5 children ages 13+ (17%) and 1 under age 13 were allegedly sexual perpetrators; 6 children were sexually acting out (12%), 4 were ages 13+ and 2 were under age 13.
- 15 children (31%) were allegedly physically abused.
- 11 children (22%) had experienced domestic violence.
- 10 children (20%) have parents who have been diagnosed with mental illness. 10 children (20%) have parents with mental health issues, but no formal diagnosis. 8 children (16%) including 2 under age 13 had serious mental health diagnoses: 4 major depression; 2 bipolar; 2 PTSD and 1 each autism; emotional disturbance; psychotic NOS; and anxiety disorder.
- 10 children (20%) experienced suicidal ideations and/or attempted suicide: 7 children 13+ (23%) and 3 under age 13; 5 age 13+ and 1 under 13 had attempted suicide. 8 children ages 13+ (27%) and 2 children under age 13 had experienced psychiatric hospitalization.
- 5 children ages 13+ (17%) were allegedly involved in gangs.
- 7 children ages 13+ (23%) were found with or used a weapon (handgun, firearm, knife, etc.).
- 5 children ages 13+ (17%) were active in selling/dealing drugs.
- 4 children ages 13+ (13%) had a history of chronic runaway behavior.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

East Tennessee Region
Preliminary System Observations
April 16, 2002

Service System Strengths

All children except 2 (96%) who were not on runaway had received an EPSDT screening, and 1 of those had received all except a dental exam; all children were receiving needed follow-up from the screenings.

All children except 4 (92%) were appropriate for custody at the time of custody; 2 infants were appropriately placed voluntarily.

All children except 3 who were not on runaway (93%) were in the least restrictive, most appropriate placement; 1 needed less restrictive placement and 2 more appropriate placement at the same level of restrictiveness. When appropriate, efforts were made to place siblings together in all cases.

Assessments were adequate in 40 cases (82%); inadequacies included: 5 children needed psychological evaluations; 4 had inadequate social histories and 1 had no social history; 2 needed educational records and testing; 1 each needed: neurological evaluation; parent psychological.

Permanency Plans were adequate in 35 cases (71%); issues/needs for children not addressed: 7 behavioral; 5 educational; 5 mental health/emotional; 4 adoption strategies; 2 medical; 1 each: independent living; sex abuse; social skills; placement; truancy; physical abuse. Issues/needs for parents not adequately addressed in plans: 4 mental health; 1 each: parenting skills; housing; medical; employment; 2 plans had no target dates/timelines; 1 had an inappropriate permanency goal; 1 had no clearly defined permanency goal, but only 4 plans inadequately addressed family issues.

Coordination was adequate for 40 children (82%) with inadequacies between: 3 HCCM-placement; 2 HCCM and contract RCM; and 1 each: HCCM-caregiver; HCCM-courts; HCCM-GAL; HCCM-school; HCCM-service providers; school-providers; school-caregiver; HCCM-DCS legal.

Schools were making efforts to provide special education services to 19 of the 23 children (83%) who needed them.

39 children's case manager (80%) had a thorough working knowledge of the case, and only 1 child had not been seen within the last 30 days.

20 of the 26 children in paid kinship or foster homes (77%) were in very nurturing and supportive placements that were making extensive efforts to meet the child's needs, and were providing substantial individualized activities; the other 6 foster homes were adequate, but 2 foster homes were not appropriate for the children; 10 children in foster homes were in homes that were interested in adopting them (38%); 5 children were in foster homes that were providing long-term placement/permanency without adoption.

Services were provided in an attempt to prevent custody, often multiple services, for 31 children (63%), including: 14 CPS; 8 each: child counseling; parent counseling; 7 each: food assistance/Food Stamps; homemaker; local probation; 5 each: relative placement used; intensive probation; 4 each: crisis intervention; community service work; child A&D treatment; non-custodial assessment; psychiatric hospitalization; 3 financial assistance; 2 each: home based services; housing; transportation; child A&D assessment; parent A&D treatment; alternative school; mental health case management; day care; parenting classes; residential treatment; state probation; and a variety of other individualized services.

Reported social services caseloads ranged from 6 to 30, with the average 23.5 and the median 19; juvenile justice caseloads ranged from 26 to 60 with the average and median 44.

16 children (33%) had experienced only one out of home placement or only one out of home placement following assessment.

Of the 33 children who were in foster or group placements, 9 (27%) were placed in their home county; 15 (45%) were placed within the region or Knox County; 3 (9%) were placed in RRMG placements; 6 (18%) were placed out of region/RRMG, 4 of those in continuum placements.

Extracts had accurate critical information in 40 cases (82%); inadequate issues included: 2 wrong custody date (also wrong on TNKids screen); 1 each: wrong adjudication; wrong county; wrong date of birth; 4 wrong race (3 multi-ethnic/Hispanic children); 9 TNKIDS screens had inaccuracies: 5 placement histories; 3 current placements; 1 race; 1 adjudication.

Between the time cases were selected for review and the review was actually conducted, there was substantial increased activity in 12 cases (24%): 2 each: new/updated social histories; went home; released; and 1 each: new permanency plan; TPR filed; TPR completed; new placement; caseworker visited child; caseworker visited child and family; attorney filed permanency plan with court.

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Noteworthy Accomplishments

- A foster family has provided exceptional care including tutoring that has resulted in improvements in school performance for one child, and is also going above and beyond to see that visitation occurs with siblings that are in other placements.
- A foster family is serving a large sibling group in order to keep the children together.

Emerging System Performance Issues

Social histories were inadequate for 22 children (45%), 17 children had assessments that were adequate overall, but social histories had minimal or incorrect historical information and/or had not been updated to include changed circumstances; 5 additional children with inadequate assessments had an inadequate or no social history.

34 children (69%) had either a Guardian ad Litem or court appointed attorney, but advocacy was effective in only 9 of these cases (26%); in 3 cases juvenile court judges discouraged legal representation for children or parents.

18 children (37%) had experienced 4 or more placements, ranging from 4 to 10, with the average and the median being 6.

14 children (29%) have caseworkers that have been with DCS less than 12 months.

Truancy and/or other school behavior problems were factors in custody for 9 of the school-age children (23%).

11 children (22%) had been in custody too long: 1 needed adoption (2%); 2 needed termination of parental rights (4%); 1 needed to go home (2%); 2 need to be released (4%); 5 other (10%) had missed the window of opportunity. 7 children (14%) experienced unnecessary delays in TPR, 4 involving issues with DCS legal, court appointed attorneys and courts resulting in delays.

6 children (12%) had been in DCS custody 2 times.

In 3 counties there were reports of Foster Care Review Board meetings being cancelled due to lack of attendance by members.

3 children (6%) experienced excessive stays (>30 days) in detention/diagnostic shelter/emergency shelter, 2 prior to 2000 and 1 during 2000-2001.

A DCS supervisor referred to a child in custody as a "gift of the court."

1 child was physically abused in a placement that was subsequently closed; 3 children were allegedly sexually abused by other children in foster homes with 1 foster home closed and 2 children moved from the foster homes.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- A psychiatric hospital suggested 1 child needed a neurological examination, but the PCP would not return phone calls to the hospital so the hospital could request a referral for the neurological.
- 5 PCP issues included: 1 had excessive waiting time due to overbooking of patients; 1 has had difficulty identifying a PCP due to network limitations because pediatricians will not serve a child over 18; 2 had difficulty being assigned to a PCP until Cherokee hired a pediatrician; 1 in paid kinship foster care was placed on the family's private insurance because of concerns about the quality of care provided by the assigned TennCare Select PCP.
- 1 child has to travel a substantial distance to receive dental services due to an inadequate provider network.
- 1 child has been unable to get an appointment for mental health services recommended for aftercare.
- 1 child has to wait 2 hours to see a psychiatrist for medication management due to overbooking/inadequate provider network.

Other Critical Issues

- 34 children (69%) had little or no relationship with their fathers; 15 children (31%) had little or no relationship with their mother; 3 children (6%) have a deceased parent. 18 children (37%) have parents who were never married to each other; 2 children (4%) have a legal father who allegedly is not their biological father. 17 children (35%) had experienced domestic violence in the home.
- 30 children (61%) had parents who are or have been incarcerated. 7 children's parents were in custody as children (14%).
- 27 children (55%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 25 children (51%) came from homes with incomes below the poverty level; 9 children (18%) had experienced environmental/cultural deprivation; 6 children (12%) were removed from deplorable/squalid living conditions; 6 children (12%) had experienced homelessness.
- 23 children (47%) have parents with substance abuse issues, 16 of them poly-substance users (33%); 10 of the children ages 13+ (36%) have/have had substance abuse issues, 8 were poly-substance users, 4 involving substances more serious than alcohol or marijuana; 4 children had over-dosed and required hospitalization.
- 21 children (43%) were allegedly sexually abused, 10 involving incest; 5 (10%) had siblings who experienced incest. 10 children (20%) were allegedly physically abused; 5 children (10%) were allegedly sexual perpetrators, 1 under age 13 now and all under 13 at the time of perpetration.
- 15 children (31%) have a parent with a mental health diagnosis; 9 additional children (18%) have a parent with mental health issues. 23 children (47%) had a mental health diagnosis, 17 (61%) of those ages 13+; 8 children with a mental health diagnosis also have a parent with a mental health diagnosis (16%). 7 children ages 13+ (25%) and 2 children less than 13 had experienced psychiatric hospitalizations; 2 children had multiple hospitalizations: 1 had 2, 1 had 3. 5 children ages 13+ (18%) and 1 child under 13 had experienced suicidal ideations. 2 (4%) had attempted suicide.
- 12 children ages 13+ (43%) were reportedly sexually active; 7 children ages 13+ (25%) were sexually active while in custody; 3 children were parents.
- 8 children ages 13+ (29%) were currently or had a history of runaway. 1 of the children ages 13+ (4%) was allegedly involved in gang activity.
- 7 children (14%) had significant medical problems. 7 female children (32%) are overweight. 4 children (8%) had serious physical anomalies. 7 children (14%) have parents with substantial physical disabilities. 9 children (18 %) had a parent with mental retardation; 6 children (12%) had mental retardation.

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STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Hamilton County
Children's Program Outcome Review Team
Preliminary System Observations
March 22, 2002

System Strengths

45 of the 47 children (96%) had been visited by their case manager within the past 30 days.

45 of the 47 children (96%) were appropriate for custody at the time of custody.

Only 2 children had experienced problems receiving services under TennCare.

42 children (89%) had a case manager who had a thorough working knowledge of the case.

For children who were not on runaway, all children had current EPSDT medical screenings completed, and all but 1 had received recommended additional diagnostic tests and treatments.

Efforts were made to place siblings together in all appropriate cases except 5.

Services, often multiple services, were offered/provided in an effort to prevent custody for 24 children (51%), including: 5 each: relative placement sought; CPS; probation; 4 each: child counseling; non-custodial assessment; 3 family counseling; 2 each: FCIP; FSS; relative placement utilized; and a variety of other strategies 1 time each.

Excluding children who were on runaway status, all but 5 children (89%) were in the least restrictive, most appropriate placement; 1 needed less restrictive placement, 3 needed a different placement at the same level of restrictiveness; 1 needed more restrictive placement.

36 children had adequate coordination (77%); when coordination was inadequate it was between the following: HCCM and placement (9); HCCM and family (6); HCCM and school (4); and 1 each: family and placement; HCCM and service provider; school and caregiver; among placement staff.

34 children (72%) had adequate assessments; inadequacies/needs in the 13 that were inadequate included: 7 social histories; 4 parenting assessment; 4 psycho-educational; 3 parent psychological; 2 each: child psychological; psychiatric documentation; parent A&D assessment; 1 each: child A&D assessment; medical documentation; child psychosexual; vocational testing; medical assessment; developmental /behavioral assessment; R/O ADD.

For those children not in family placements (11), kinship care (2), and not on runaway status (3), 23 were placed within Hamilton County (74%); 2 in Southeast Region (6%); 4 in Middle Tennessee (13%); 1 in Knox County; and 1 at an RRMG placement in East Tennessee.

10 of the 18 children in foster homes (56%) were in exceptional foster homes that were going above and beyond to ensure needs were met; 1 child was in a foster home that was not appropriate. 8 children were in foster homes that expressed interest in adopting with 2 adoptions in process.

23 children (49%) had experienced only 1 placement or only 1 placement following assessment.

In addition to foster care review, 21 children (45%) had judicial reviews of their cases to monitor progress and services.

Social Service caseloads averaged 23 with a median of 25; adoptions caseloads averaged 10; juvenile justice caseloads averaged 31. Only 7 children (15%) had a case manager who had been with DCS less than 12 months.

42 children (89%) had a CASA/GAL/attorney assigned to their cases, but in only 9 cases was there evidence that this was making a difference.

Extracts had accurate critical information in all but 6 cases (87%), with inaccuracies including 3 incorrect race; 2 incorrect custody dates; 1 incorrect last name; 13 TNKids screens were inaccurate with inaccuracies including 7 placement histories; 6 current placements; 1 each: name, race, gender, date of birth, Social Security Number; custody date.

Between the time cases were selected for review and the review was actually conducted, there was substantial increased activity in 16 cases (34%), including: 3 updated permanency plans; 3 updated social histories; 2 placement changed; 2 TPR filed; and 1 each FCRB; HCCM called parent; HCCM

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visited child; medical exam scheduled; released from custody; psychological evaluation of parent scheduled; placement change identified; special education testing; adoption contract signed; court hearing; court review.

Emerging System Performance Issues

20 children (43%) had inadequate Permanency Plans due to: 5 inappropriate permanency goal; 4 no permanency goal clearly defined; 2 no timelines; 2 wrong information; and the following needs inadequately addressed: 5 each: strategies to achieve adoption; educational services; mental health treatment; medical basic health; 2 each: visitation; grief/loss; and 1 each: developmental delays; independent living skills; sex abuse issues; sexual perpetration; safety; parent counseling; mental retardation; parenting skills; transportation.

17 children (36%) had four or more placements, with the average being 10 and the median being 6.

13 children had been in custody too long (28%); 4 needed to be released (9%) , 4 needed adoption (9%), 1 needed to go home, 1 needed TPR, and 3 had missed the window of opportunity (6%).

Only 7 of the 12 children with special education needs (58%) were having those needs addressed.

In 8 cases (17%) with substantial service needs, there was a failure to provide services or services of appropriate intensity to prevent custody; needed services included: 5 housing; 4 vocational/job services; 3 in-home services; 3 Families First; 2 Food Stamps; 2 family counseling; 2 CPS; 2 HomeTies; and 1 each: FCIP; counseling for child; homemaker; non-custodial assessment; parenting classes; parent psychosexual assessment; respite; transportation; assistance with disability benefits.

8 children (17%) had excessive stays (more than 30 days) in temporary placements; 5 of them relatively recently, 1 had 4 successive placements.

7 children (15%) have been in custody multiple times: 5 two times and 3 three times; 2 were juvenile justice children.

1 child was allegedly sexually abused in a foster home and subsequently moved; 1 child was allegedly physically abused in a foster home, but did not disclose it until after removal from the foster home.

TennCare/TennCare Partners/EPSDT Issues:

- 1 child experienced a delay in receiving dental services due to computer problems that did not indicate eligibility.
- 1 child was denied approval for circumcision and the denial was upheld on appeal because the procedure was not consedered medically necessary.

Other Critical Issues

- 35 children (74%) have parents who are or have been incarcerated, 10 (21%) both parents; parents of 7 children (15%) were incarcerated for serious offenses (5 for rape of a child and 2 for murder).
- 33 children (70%) were born to biological parents who were not married.
- 31 children (66%) were from sibling groups of more than 3 children, larger than the average family in Tennessee; 3 children were twins and 5 had twin siblings.
- 31 children (66%) had little or no relationship with their fathers; 16 children (34%) had little or no relationship with their mothers; 6 children (13%) have a deceased parent, 2 of them both parents.
- 31 children (66%) were from homes/families living below the poverty level.
- 29 children (62%) have parent(s) with substance abuse issues, 2 of them both parents (4%); 21 children's parents (45%) were using crack/cocaine; 22 children (47%) had parents who were poly-substance abusers. 7 of the children who are ages 13+ (37%) had substance abuse issues; 5 children 13+ (26%) and one 12-year-old used tobacco. 3 children with substance abuse issues had parents with substance abuse issues.
- 18 children (38%) have a mental health diagnosis; 1 additional child has mental health issues but no diagnosis; 6 children (13%) have parents diagnosed mentally ill, and 9 additional children (19%) have a parent with mental health issues; in 3 cases (6%) both child and parent had a diagnosis. 4 children ages 13+ (21%) who had a mental health diagnosis also had substance abuse issues.
- 15 children (32%) had experienced domestic violence.
- 10 children (21%) were from families that lived in high crime areas.
- 14 children ages 13+ are sexually active (74%); 2 (25%) of the adolescent girls have been prostituted; 4 children (9%) are sexual perpetrators; 8 children's moms (17%) were involved in prostitution and 1 dad was a pimp.
- 13 school age children (38%) are/have a history of ADHD/ADD; 8 school age children (24%) and 1 preschooler have a diagnosed learning disability.
- 12 children (26%) had parents in custody as children.
- 11 children (23%) had experienced abandonment.
- 9 children (19%) were substance exposed prenatally.
- 8 children (17%) were environmentally/culturally deprived; 6 children (13%) were removed from squalid living conditions.
- 7 children (15%) were allegedly physically abused.
- 7 children (15%) were allegedly sexually abused; 5 children (11%) were allegedly involved in incest; 8 (17%) had a sibling involved in incest; 4 (9%) were allegedly involved in incest and had a sibling involved incest.
- 7 children ages 13+ (37%) and 2 children under age 13 have experienced psychiatric hospitalizations, with 3 of the 13+ hospitalized before age 13; 4 children had multiple hospitalizations including 2 with 3 and 1 each with 2 and 4.
- 7 children (15%) are diagnosed as mentally retarded or with borderline intellectual functioning; 2 children (4%) have parents diagnosed as mentally retarded and 3 additional children (6%) have a parent with borderline intellectual functioning.
- 6 children ages 13+ (32%) and 2 under age 13 (7%) have had suicidal ideations.
- 2 children who are ages 13+ (11%) allegedly were introduced to gang activity in placements; and 1 child under 13 was involved with gangs.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Knox County
Preliminary System Observations
October 18, 2002

Service System Strengths
All children were appropriate for custody at the time of custody.

Efforts were made to place siblings together in all appropriate cases.

All children had reportedly received EPSDT screening; all except 1 child on runaway had received follow-up, if needed; 1 child was late for a subsequent EPSDT and 1 child reportedly had received EPSDT screening, but there was no documentation.

All children who were not on runaway except 3 children (93%) were in the least restrictive, most appropriate placement; 1 child needed a less restrictive placement; 3 children needed more restrictive placements; 1 child had recently run from an inappropriate placement that was not sufficiently restrictive.

Assessments were adequate for 41 children (87%); inadequacies included: 5 inadequate social history; 2 EPSDT documented or updated; 2 psychological evaluation; and 1 each: psycho-educational; parent psychological; child psycho-sexual; updated psychological for child.

Permanency plans were adequate for 38 children (81%); inadequacies included failure to address the child's needs: 4 educational; 2 mental health/emotional; and 1 each: behavioral; independent living skills; health; social skills; anger management; step down strategies; 2 strategies for adoption; and for the parent: 2 parenting skills and 1 each: lifestyle stability issues; counseling; psychological; legal.

Coordination was adequate for 41 children (87%); with inadequacies between: 3 HCCM & parents; 3 HCCM & service providers; 2 HCCM and child; and 1 each: HCCM & foster parents; HCCM & GAL; HCCM & RCM; HCCM & school; HCCM & continuum.

13 of 18 children (72%) who needed special education services were receiving them; 1 was not in school; 1 had been moved and records had not followed for special education; 1 chose not to receive; 1 was trying regular education and will be moved back if unsuccessful; 2 additional children are in the evaluation process for special education; 1 child was evaluated and did not need special education.

Of the 28 children who were not in family, paid kinship, or pre-adoptive placements, or on runaway, 12 children (43%) were placed in Knox County; 10 children (36%) were in the East Tennessee Region; 2 in Grand Region (7%); and 4 out of grand region (14%).

38 children (81%) had services, often multiple services, provided in an effort to prevent custody, including: 12 counseling-child; 10 counseling-family; 10 CPS; 8 non-custodial assessment; 8 county probation; 7 state probation; 7 GAL appointed; 6 homemaker; 6 targeted case management; 5 FSS; 4 each: FCIP; food assistance/Food Stamps; intensive case management/Intact Family; parenting classes; psychiatric hospitalization; intensive probation; 3 each: psychological; relative placement utilized; Families First; anger management for parent. A variety of other services were also provided.

Foster homes provided exceptional care for 7 of the 16 children in foster homes (44%), providing loving, nurturing placements, and making substantial efforts to ensure that children received individualized and needed services; the other 9 children were in adequate foster homes. Foster parents were interested in adopting 9 of the children in foster homes (56%); one foster parent adoption has been finalized.

16 of the 17 children in continuums (94%) were receiving adequate services, with 7 of these children receiving multiple quality services.

Social histories were thorough and detailed in 10 cases, adequate in 24, minimally adequate in 8 (7 limited family information; 5 limited child information; 1 limited information on progress of child and family); and 5 inadequate (4 no current information; 1 no family history; 1 did not cover reason for custody).

37 children (79%) had a guardian ad litem appointed; in 15 cases the GALs had stayed involved and provided ongoing advocacy as needed; 9 were minimally involved; 12 were not involved; 1 was active a long time ago. 7 children had GALs pre-custody.

Average reported social services caseload was 17 and the median was 18 cases; the average and median juvenile justice caseloads was 33; the average and the median adoption caseloads was 19. Case managers had a thorough working knowledge of 27 cases (57%), a working knowledge of 14 cases (30%), and inadequate knowledge of 6 cases (13%).

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Extracts had accurate, critical information in all but 1 case (98%); 1 had wrong race. 13 TNKids screens (28%) had inaccurate information, all incomplete placement history; 7 of them involving incomplete continuum placement history.

Between the time cases were selected for review and the review was actually conducted, 8 cases (17%) experienced substantial increased activity, including: 4 new/updated permanency plans (all adequate); 2 visits with child and parents; 1 TPR discussed; 1 GED referral; 1 intensive probation referral.

Noteworthy Accomplishments

A foster parent is exceptionally sensitive to a teen's needs and strongly encourages participation in extra-curricular activities.

A foster parent provides exceptional care for a child with substantial special needs, and other special needs for children who are also in her home, and is willing to adopt.

Emerging System Performance Issues

34 families needed services, but only 19 (56%) were receiving needed services; 2 (6%) were receiving partial services; 5 (15%) were not receiving needed services; 2 (6%) received services until the child went home, and then were not receiving services; 6 (18%) refused services. 1 child was referred to as a "Gift of Court" by the HCCM.

25 children (53%) had experienced 4 or more placements; excluding 1 child with over 100 placements, the average was 7 and the median was 6; only 6 children (13%) had experienced only 1 placement or 1 placement following assessment.

Truancy/school behavior problems/special education issues were factors that led to custody for 16 school-age children (41%).

21 children (45%) had case managers reassigned within the last 12 months; 17 children (36%) had caseworkers with less than 12 months experience with DCS.

17 children (36%) had multiple custodies, 16 for the second time and 1 for the fourth time.

11 children (23%) have been in custody too long: 5 needed to be adopted; 2 needed termination of parental rights; 1 needed to be released; 1 needed to go home; 2 missed the window of opportunity.

Issues with TPR included: 6 not filed timely; 1 filed timely but still dragging. 3 TPRs were filed timely and led to surrender. 1 child who has had TPR is placed with a sibling who had not had TPR, delaying permanency. Other surrenders included 1 timely and 1 not timely.

5 children (11%) were allegedly abused in placement, 3 injured during restraint, 1 sexually in a facility that was closed; 1 sexually by another resident and moved; 1 sexually abused by other children in foster and therapeutic foster homes and in group placement where the abusing children were removed and the child is now receiving treatment; 1 physically abused by the child's mother in placement. 1 child was in an adoptive foster home where the child suffered medical neglect so the home was closed.

In 5 cases (11%) perpetrators were not prosecuted for child abuse or sexual abuse, even in severe cases.

3 children (6%) had excessive stays (30 days or more) in temporary placements; the average and the median was 35 days.

TennCare/TennCare Partners/MCO/BHO/EPSDT/DCS issues included the following:

- A dental clinic provided 1 child with inappropriate, ill-fitting dental caps that are now coming off, and also provided unreadable dental x-rays; TennCare has refused to change providers or to pay for services from another provider for one year. Apparently no one has appealed.
- 1 child had difficulty obtaining dental and primary care services due to an inadequate provider network.
- 1 child's mother has had TennCare terminated, reportedly for unknown reasons, and now she cannot get it reinstated.
- 1 very young child can receive timely sick child care, but has to wait six weeks for a well child check-up, resulting in late EPSDT screens because of failure to schedule timely in recognition of the scheduling timelines.

Critical Issues:

- 33 children (70%) had little or no relationship with their fathers; 16 children (34%) had little or no relationship with their mothers.
- 32 children (68%) have parents who have/have had substance abuse issues; 19 children's parents (40%) were poly-substance abusers; both parents were poly-substance abusers for 7 children (15%).
- 28 children (60%) have parents who are or have been incarcerated. 22 children (47%) have parents who were never married to each other.
- 26 children (55%) were from sibling groups of 3 or more.
- 22 children (47%) came from homes below the poverty level; 10 children (21%) were environmentally/culturally deprived.
- 15 children (32%) were allegedly sexually abused; 5 children (11%) allegedly experienced incest. 12 children (26%) were physically abused.
- 15 children age 13+ (48%) have substance abuse issues; 11 (35%) were poly-substance abusers.
- 14 children ages 13+ (45%) had serious mental health diagnoses including: 10 depressive disorder; 4 bipolar; 3 SED; 2 disruptive behavior; and 1 each narcissistic schizotypal personality disorder; impulse control; adjustment disorder; psychosis; anti-social personality; 2 children under 13 had serious mental health diagnoses, 1 each: schizophrenia; psychotic; reactive attachment disorder; anxiety.
- 13 children (28%) had experienced domestic violence.
- 12 children (26%) were removed from relatives at the time of custody.
- 11 children ages 13+ (35%) were chronic runaways.
- 7 children ages 13+ (23%) had experienced psychiatric hospitalization, 3 three times, 1 twice.
- 7 children ages 13+ (23%) had experienced suicidal ideations; 3 (10%) had attempted suicide.
- 7 children (15%) witnessed parents involved in serious violent acts.
- 5 children ages 13+ (16%) and 2 children age 6-13 (25%) were sexual perpetrators.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Mid Cumberland Region
Preliminary System Observations
July 30, 2002

Service System Strengths

All children who were not on runaway had received EPSDT screening and treatment as needed.

In all cases efforts were made to place siblings together when appropriate.

All children who were not on runaway except 1 (98%) had been visited by a DCS case manager within the last 30 days; that child had not been seen in about 3 months.

All but 2 children (96%) who were not on runaway were in the least restrictive, most appropriate placements; 1 needed a less restrictive and 1 needed a more restrictive placement; 1 child was in a minimally adequate placement but needed more intensive mental health treatment.

All but 5 children (90%) were appropriate for custody at the time of custody.

Reported social service caseloads ranged from 4 to 24 with the average being 15 and the median being 13; reported juvenile justice caseloads ranged from 15 to 42 with the average and the median being 26; reported adoption caseloads ranged from 11 to 16.

24 of the 27 case managers (89%) who had been with DCS for less than 12 months had a thorough working knowledge of the case.

Coordination was adequate for 40 children (82%); when it was inadequate, it was: 4 between HCCM - placement; 3 HCCM - parents; 3 HCCM - child; 2 HCCM - caregiver; 2 HCCM - service providers and 1 each: HCCM - court; HCCM - CPS; placement - child; family – placement.

34 children (69%) had substantial services provided in an effort to prevent custody, including: 13 county probation; 8 relative placement sought; 8 CPS; 7 counseling for child; 6 family/parent counseling; 6 community service work; 5 state probation; 5 HomeTies; 4 restitution; 4 public assistance; 3 alternative school; 3 FSS; 3 homemaker; 3 intensive case management; 3 safety plan; and a variety of other services.

16 of the 18 children (89%) who needed special education services were receiving services. 1 child was gifted and receiving services.

8 of the 16 children who were in foster homes (50%) were in very loving, nurturing, supportive foster homes focused on meeting the children's needs; 8 other children were in adequate foster homes; 8 children were in foster homes that were interested/willing to adopt them (50%).

For the 32 children who were not in family placements or on runaway: 6 children (19%) were placed within their home county; 19 children (59%) were placed within the Mid-Cumberland CSA or Davidson County; 7 children (22%) were in RRMG or continuum placements out of the area.

Extracts had accurate information in all but 5 cases (90%); inaccuracies included: 4 incorrect race; 1 incorrect adjudication; screens were accurate in all but 12 cases (76%) with inaccuracies including 11 placement histories or current placement and 1 race.

Between the time cases were selected for review and the review was actually conducted, 8 cases (16%) experienced substantial increased activity, including: 2 released from custody; 2 HCCM visited child; and 1 each: application for flexible funding; new HCCM assigned; discharge staffing; EPSDT, HCCM visit with parent scheduled; HCCM visited placement; permanency plan updated; social history completed.

Noteworthy Accomplishments

- A HCCM has expedited timely placement of a child with an out-of-state relative.
- A HCCM and placement have facilitated court approval for an older adolescent to have visitation with parent even though TPR has occurred.

Emerging System Performance Issues

27 children (55%) have a case manager who has been with DCS for 12 months or less.

23 children (47%) have had a change in case managers within the past 12 months.

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Assessments were inadequate for 13 children (27%); deficiencies included: 7 incomplete/inadequate social history; 5 children needed psychological evaluations; 3 needed parent assessment; 2 needed parent psychological evaluation; 3 needed psycho-educational assessment; 2 child and 1 parent substance abuse assessment; and 1 medical/physical documentation; and 1 each missing psycho-educational and psychological.

16 children (33%) had inadequate Permanency Plans with deficiencies including: failure to address child's needs as follows: 5 educational; 4 mental health/emotional; 4 family counseling; 3 independent living skills; 3 medical; 3 substance abuse; 2 visitation; 1 behavioral; 1 special education; and parent needs not addressed included: 5 parenting skills/education; 2 substance abuse; 1 marriage counseling; 1 mental health; 2 had no strategies to address permanency; 1 had an inappropriate permanency goal; 1 had insufficient actions to address needs.

29 children (59%) had a GAL assigned, but only 11 of them (38%) were really making a difference; 3 children currently have a CASA, but only 1 is making a significant difference in the case.

20 children (41%) have experienced 4 or more placements, with 5 having 4 placements and 5 having 5 placements; the average was 8 placements. Only 7 children (14%) have experienced one placement or one placement since assessment.

Truancy or other school problems were a major factor in custody for 14 school-age children (35%). All 14 were ages 13+ (42%).

12 of the 35 families (34%) that needed services were not receiving them (34%), and 7 of the 35 families (20%) refused services.

11 children (22%) have been in custody too long: 2 (4%) needed to be released; 3 (6%) needed adoption; 2 (4%) needed TPR; 4 (8%) other.

10 children (20%), 6 of the 15 juvenile justice children (40%), were placed far enough from home that transportation was a barrier to family visitation and/or participation in services at the placement.

9 children had stays of more than 30 days in temporary placements, ranging from 31 to 210 days, 1 before 10/1/99; 1 child spent 60 days in detention prior to custody.

9 children (18%) had been in custody multiple times: 8 twice; 1 three times; 3 other children disrupted trial home visits and were returned to custody.

6 of the 15 children in continuum programs (40%) had experienced multiple disruptions in placements.

2 children were physically abused in group placements, with appropriate interventions provided; 1 child was sexually abused in group placement with the staff person fired and charged; 1 child was reportedly emotionally abused in a foster home and the child was moved to another placement.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues were minimal in this region, but those identified included the following:

- 1 child has had difficulty with PCP services and had to go to another county to see a different PCP from the child's sibling.
- 2 children had difficulty accessing a PCP because physicians reportedly in the network were either full or not participating.

Critical Issues

- 30 children (61%) have parents with substance abuse issues; 20 were poly-substance users.
- 29 children (59%) had little or no relationship with their fathers; 12 children (24%) had little or no relationship with their mothers.
- 27 children (55%) have parents who are currently or have been incarcerated - 19 children's parents (39%) for alcohol/drug offenses.
- 21 children (43%) were from homes/families living below the poverty level. 4 children (8%) had experienced environmental deprivation.
- 18 children ages 13+ (55%) have/have had substance abuse issues. 14 children ages 13+ (42%) are poly substance users.
- 18 children (37%) had experienced domestic violence.
- 17 children ages 13+ (52%) have a mental health diagnosis.
- 17 children (35%) were from sibling groups of three or more.
- 16 children (33%) were allegedly physically abused.
- 15 children ages 13+ (45%) were sexually active.
- 15 children (31%) have parents who never married each other.
- 15 children (31%) have parents who have been married multiple times.
- 14 children (29%) have parents who have been diagnosed with mental illness.
- 13 children ages 13+ (39%) and 1 child under age 13 have serious mental health diagnoses, including 6 bipolar; 7 depression; 4 PTSD; 3 impulse control; 2 OCD; 1 anxiety.
- 12 children (24%) with mental health issues have parents with mental health issues.
- 13 children (27%) have been diagnosed with ADD/ADHD.
- 9 children ages 13+ (27%) and 1 child under age 13 have experienced suicidal ideations/gestures. 6 children ages 13+ have (18%) attempted suicide.
- 7 children (14%) were exposed prenatally to drugs or alcohol.
- 7 children (14%) were allegedly sexually abused; 3 children (6%) had experienced incest.
- 6 children ages 13+ (18%) had experienced psychiatric hospitalization; 1 had been hospitalized two times.
- 4 children ages 13+ (12%) were allegedly involved in gang activity.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Northeast Tennessee Region
Preliminary System Observations
May 14, 2002

Service System Strengths

All children had received EPSDT screening and follow-up, if needed.

All children except 1 (98%) were appropriate for custody at the time of custody.

All but 4 children who were not on runaway (91%) were in the least restrictive, most appropriate placement; 3 needed a different placement at the same level; 1 needed a more restrictive placement. Efforts were made to place siblings together when appropriate in all cases.

Permanency Plans were adequate for 41 children (87%); issues with inadequate Permanency Plans included: needs not addressed for the child: 2 special education; and 1 each: behavioral; developmental delays; medical; sexual abuse; racial identity; needs not addressed for the family included: 1 each: substance abuse; physical limitations; transportation; 1 had inadequate target dates/timelines.

40 children (85%) had a DCS case manager with a thorough working knowledge of the case.

17 of the 20 children who needed special education services were receiving them (85%); 2 of those not receiving services are now 18.

11 of the 13 children who were in continuum placements (85%) were receiving needed services; the other 2 needed services that are not available in this area.

Assessments were adequate for 38 children (81%); issues with inadequate assessments included, 2 each: inadequate social history; parenting assessment; psychosexual; 1 each: psycho-educational; medical documentation; psychological; family dynamics assessment; no social history. 26 children (55%) had thorough, detailed social histories. 17 children (36%) received multiple needed specialized assessments.

Coordination for continuity of services was adequate for 37 children (79%); when coordination was inadequate, it was between: 4 each: HCCM & child; HCCM & parents; HCCM & placement; 2 each: HCCM & school; HCCM & contract case manager; 1 each: HCCM & court; HCCM & service provider; 1 no coordination.

37 children (79%) received service interventions in an effort to prevent custody, including: 19 local probation; 12 CIT/FCIP; 10 child counseling; 8 intensive case management/home-based services; 7 relative placement explored; 6 family support services; 5 O&A center; 4 state probation; 4 relative placement used; 3 restitution; 3 family counseling; 2 non-custodial assessment; 2 parenting classes; 2 residential treatment; and a variety of other services.

8 of the 15 children in foster homes (53%) were in foster homes that were very committed to them: extremely nurturing and supportive; making substantial efforts to meet their needs; sometimes taking sibling groups; the other 7 foster homes were adequate; 8 children were in foster homes that were interested in adopting them.

For the 36 children who were not on runaway or in family placement or kinship care: 13 (36%) were placed within the home county; 17 (47%) were placed within the CSA region; 4 (11%) were in RRMG placements; 2 were out of region.

15 children (32%) had experienced only one placement, or only one placement following assessment.

Extracts had adequate critical information in all but 10 cases (79%); inaccurate or missing information included: 6 incorrect race; 4 incorrect county of venue; 2 incorrect adjudication. Screens had accurate information for all but 12 cases (74%); inaccurate items included: 10 placement history; 2 race; 2 adjudication; 1 current placement. TNKids screens do not adequately reflect placement changes within continuums.

Between the time cases were selected for review and the review was actually conducted, 14 cases (30%) experienced substantial increased activity, including: 3 HCCM assigned; 3 HCCM visited child; 2 released from custody; and 1 each: adoption worker assigned; placed home; dental scheduled and completed; school documents acquired; placement change; permanency plan updated; permanency plan staffing; social history updated; counseling authorized.

Noteworthy Accomplishments

- A relative placement assisted a child and the child's siblings in making substantial progress in overcoming severe neglect.
- 2 foster families are providing exceptional services for children with substantial special medical treatment needs.
- 1 foster family made extensive life changes to better care for a child with special needs.

Emerging System Performance Issues

28 children (60%) have had a change in case managers in the last 12 months. 13 children (28%) had a case manager carrying extra cases due to vacancies or extended absences. 10 children (21%) have case managers who have been with DCS twelve months or less.

Only 10 of the 25 families that needed services were receiving them (40%).

Social Service HCCM caseloads ranged from 8 to 44 with an average of 19 and a median of 16. Juvenile Justice HCCM caseloads ranged from 18 to 59 with an average of 36 and a median of 38. The average and the median for adoptions caseloads was 26.

7 children (15%) reportedly had not been seen by a DCS case manager within the past 30 days, ranging from 35 to 181 days.

6 children (13%) had been in custody too long: 3 (7%) needed to be adopted; 1 (2%) needed TPR; 1 (2%) needed to be released; 1 (2%) other.

9 children ages 13+ (26%) spent too much time (more than 30 days) in emergency placements awaiting placement; of these 8 were after 10/1/99, with the average 49.6 and the median being 46 days.

17 children (36%) had experienced 4 or more placements, ranging from 4 to 36 with the average being 8 and the median being 6.

Truancy or other school behavior problems was a factor contributing to custody for 12 of the school-age children (28%).

10 children (21%) had been in custody multiple times: 8 twice; 1 for the third time; 1 for the fourth time.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- The BHO is unable to identify a very specialized mental health treatment provider for 1 child, following appeal provided a generalist so there is no denial for an appeal, but the child's needs are not being met, so DCS is paying for needed specialized therapy.
- MCO refused to pay for a medically prescribed garment, so the placement is pursuing an appeal and may explore an alternative that involves surgery if the garment is not approved.
- 1 child who is receiving orthodontist services will have difficulty continuing treatment following return home due to distance.
- 2 children had to travel to an adjacent county to receive dental services due to an inadequate provider network.
- MCO refused to pay for specially prescribed food and diapers, until an MCO representative visited the home, approved the items, and provided information to the physician regarding the way to request the items in the future so they would be approved.

Critical Issues

- 36 children (77%) had parents who are or have been incarcerated.
- 27 children (57%) have parents with substance abuse issues, 13 of them poly-substance users (28%); 19 of the children ages 13+ (54%) have/have had substance abuse issues, 13 (37%) were poly-substance users.
- 28 children (60%) have little or no relationship with their fathers; 13 children (28%) have little or no relationship with their mother; 3 children (6%) have a deceased parent.
- 18 of the children ages 13+ (51%) were reportedly sexually active; 2 children were pregnant or parents.
- 18 children (38%) had experienced domestic violence in the home.
- 17 children (36%) have parents who were never married to each other.
- 20 children (43%) came from homes with incomes below the poverty level; 7 children (15%) had experienced environmental/cultural deprivation; 6 children (13%) had experienced homelessness.
- 19 of the school-age children (44%) have failed a grade or are at least a year behind in school.
- 17 children (36%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 17 children (36%) have a mental health diagnosis; 15 of the children ages 13+ (43%) have a mental health diagnosis.
- 12 children (26%) have a parent with a mental health diagnosis. 11 children (23%) had parent with mental health issues, no diagnosis; 10 children ages 13+ (29%) had experienced psychiatric hospitalizations; 10 children ages 13+ (29%) and 1 child under 13 had experienced suicidal ideations. 5 children ages 13+ (14%) had attempted suicide.
- 13 children (28%) were allegedly sexually abused, 3 involving incest; 18 children (38%) were allegedly physically abused.
- 9 children's parents were in custody as children (19%).
- 12 children (26%) have parents with substantial physical disabilities. 5 children (11%) were diagnosed with mental retardation
- 7 children's fathers (15%) were more involved in their lives than their mothers.
- 6 children ages 13+ (14%) were allegedly involved in gangs.
- 6 children (13%) had self-mutilating behaviors.
- 5 children's parents (11%) had a history of suicidal ideations/attempts; 1 committed suicide.
- 15 children (32%) had parent(s) with whereabouts unknown.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Northwest Region
Preliminary System Observations
June 28, 2002

Service System Strengths

All children except one (98%) had been visited by a case manager within the past 30 days.

All children except one (98%) were in the least restrictive, most appropriate placement: 1 needed a more restrictive placement.

Efforts were made to place siblings together in all cases when it was appropriate.

All children except 3 (93%) had received EPSDT screening and follow-up, if needed; 2 of the 3 received all except dental.

All children except 3 (93%) were appropriate for custody at the time of custody.

31 children (70%) had legal representation by either a guardian ad litem or court appointed attorney.

32 children (73%) received substantial services in an attempt to prevent custody, including: 13 county/state/intensive probation; 12 child protective services; 9 counseling for the child; 9 crisis intervention; 8 HomeTies; 6 relative/friend placement explored; 5 relative/friend placement utilized; 3 each: day treatment/alternative school; case management; homemaker servic[illegible]; house arrest; community service; 2 each: pre-trial diversion; legal assistance; and 1 each: non-custodial assessment; daycare; A&D treatment-pare[illegible] psychological evaluation; Families First.

Assessments were adequate for 38 children (86%); inadequacies included: 3 inadequate social history; other needed evaluations for child: 4 psychological evaluations; 2 psycho-sexual; 2 independent living; 2 A&D assessment; 1 psycho-social; and 1 vocational assessment; for parent: 2 parenting assessment; 2 psychological evaluations. Only 1 child had a social history that was above average, but 40 children (91%) had adequate to minimally adequate social histories.

Coordination was adequate for 36 children (82%), with inadequacies between: 5 HCCM-placement; 3 HCCM-family; 2 each: HCCM-child; family-service provider; and 1 service provider and other involved agencies.

38 children (86%) had case managers with a working knowledge of the child, family, and their service needs.

For 6 of the 11 children (55%) who were victims of physical or sexual abuse for this custody, the perpetrator was either charged or prosecuted. In 5 of the 10 cases (50%) where children were victims of neglect, the perpetrator was charged or prosecuted.

For the 31 children not in family placements or in kinship care: 12 were placed in home county (39%); 10 within the Northwest Region (32%); 5 in RRMG placements in Southwest or Memphis (16%); 4 in placements, with 1 in a continuum, outside of West Tennessee (10%).

23 children (52%) experienced one placement or one placement following assessment.

11 of the 22 children (50%) in foster homes were in foster homes that were loving and very committed to them; 11 were in adequate foster homes. 11 children were in foster homes that were interested in adopting them.

16 of the 18 children (89%) who needed special education services were receiving needed services.

Social Services caseloads ranged from 5 to 30 with an average of 16 and a median of 14; adoptions caseloads averaged 10; juvenile justice caseloads ranged from 11 to 38 with an average of 22 and a median 20.5.

Extracts had accurate critical information in all except 5 cases (89%); inaccurate information included: 4 race; 1 name; 1 adjudication, 1 date of custody; TNKids screens had 3 incorrect current placement; 2 incomplete placement history; 1 wrong race.

Between the time cases were selected for review and the review was actually conducted, 7 cases (16%) experienced substantial increased activity, including: 2 home visits-child; 2 home visits-parent; and 1 each: home study; placed home; placement change; permanency plan; permanency plan staffing; social history.

Noteworthy Accomplishments

- One child's foster parent has provided strong advocacy and encouragement to help child overcome serious problems and pursue her individual interests, higher education, and employment.
- GAL has assisted in expediting ICPC and TPR process to achieve permanency in a timely manner.

Emerging System Performance Issues

17 children (39%) had inadequate Permanency Plans due to the following needs not addressed for child: 7 educational; 4 independent living; 4 special education; 3 behavioral; 3 health/medical; 3 adoption; 2 psychological; 2 mental health; and 1 each: developmental delay; speech therapy; sexual abuse; vocational; safety plan; counseling; and pre-natal care; needs not addressed for parent: 2 parenting classes; and 1 each: housekeeping skills; A&D; mental health; limited functioning; and 1 each: no goal; inappropriate goal; no current strategies to achieve the goal; child not involved in permanency plan.

23 children (52%) have had a change in case managers within last 12 months. 17 children (39%) have case managers who have been with DCS for 12 months or less.

9 children (20%) had been in custody multiple times: 8 twice; 1 for the third time. 4 of the 10 children adjudicated delinquent (40%) were on at least their second commitment.

6 children (14%) had experienced 4 or more placements, with the average and the median being 8.

9 children (20%) had crisis intervention services but still came into or returned to custody.

Truancy or other school behavior problems was an issue contributing to custody for 11 of the 36 school-age children (31%).

6 children (14%) had been in custody too long; 3 (7%) needed to be released; 1 (2%) needed independent living; 2 (5%) had missed the window of opportunity.

1 child in a group placement had been allegedly physically abused and removed; 1 child had been physically and sexually abused in relative placement and removed.

TennCare Partners/EPSDT/MCO/BHO issues identified for the children in this sample:

- 2 children experienced delays in dental services due to an inadequate provider network.
- Because of the difficulty in locating a dentist who will see young children, one child has not received the required EPSDT dental screening. A dentist who will see young children was finally located 60 miles away.
- One child has not seen a dentist because dental providers in the area are not accepting new patients. DCS provided the foster parent with a list of dental providers in the Northwest area.

Critical Issues

- 26 children (59%) have parents with substance abuse issues; 12 children's parents (27%) were poly-substance abusers. 10 children ages 13+ (36%) have substance abuse issues, 26 children (59%) have parents who are or have been incarcerated.
- 25 children (57%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 23 children (52%) have little or no relationship with their fathers; 13 children (30%) have little or no relationship with their mothers.
- 17 children (39%) were from homes living below the poverty level.
- 16 children (36%) have a mental health diagnosis; 9 children (20%) have a parent(s) diagnosed with a mental illness; an additional 13 children (30%) have a parent with mental health issues, but no diagnosis. 4 children (9%) with a mental health diagnosis also have a parent with a mental health diagnosis.
- 16 children's parents (36%) had multiple marriages; 15 children's parents (34%) were never married to each other.
- 12 children (27%) had experienced domestic violence. 3 children (7%) witnessed or experienced murder in the family and in two cases parents attempted to murder reviewed child.
- 10 children 13+ (36%) and 1 child under 13 had serious mental health diagnoses including: 1 autism; 8 mood disorders; 2 borderline personality. 6 children ages 13+ (21%) and 1 under 13 had experienced psychiatric hospitalizations; 3 had multiple hospitalizations, 1 had 2, 1 had 5, 1 had 11.
- 10 children (23%) allegedly had been sexually abused; 8 children (18%) allegedly were the victims of incest, and 2 other children (5%) had siblings who allegedly were the victims of incest. 8 children (18%) allegedly had been physically abused.
- 7 children ages 13+ (25%) experienced suicidal ideations and/or attempts.
- 6 children ages 13+ (21%) had committed offenses against persons.
- 4 children ages 13+ (14%) were sexual offenders.
- 4 children (9%) have parents with multiple medical issues.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

South Central Region
Preliminary System Observations
November 19, 2002

Service System Strengths

All except 2 children (96%) were appropriate for custody at the time of custody.

All children received EPSDT screening and recommended treatment or follow-up services, except 1who had a pending dental screening scheduled.

Efforts were made to place siblings together in all cases when it was appropriate.

All 13 children who needed special education services were receiving them; 2 children who received evaluations were not identified or certified as needing special education services but received curriculum modifications and extra services to address their academic deficits; 1 child who previously received special education services decided to discontinue services; 3 pre-school children needed and were receiving speech/language services.

All except 4 children (91%) were in the least restrictive, most appropriate placement; 2 needed less restrictive placement; 2 needed a more appropriate placement at the same level of restrictiveness.

35 children (74%) received substantial services in an attempt to prevent custody, including: 18 county/state/intensive probation; 15 CIT/FCIP; 11 counseling for child; 8 HomeTies; 7 utilization of relative/friend placement; 7 CPS; 6 family counseling; 6 community/public service work; 5 safety plan; 4 in-home/targeted case management; 4 exploration of relative placement; 4 house arrest; 3 non-custodial assessment; 3 restitution; 2 each: alternative school; flexible funding; parenting classes; 1 each: residential treatment; A&D treatment child; Family Support Services; TEIS; Homemaker; JCCO; and a variety of other services.

Assessments were adequate for 39 children (83%); inadequacies in assessments included the need for: 5 children psychological evaluations; 4 parent psychological evaluations; 3 parenting assessments; 2 psycho-educational assessments; and 1 each: child A & D assessment; child psychiatric assessment; child psycho-social assessment; parent A & D assessment. 2 social histories were inadequate.

All but 2 children had adequate social histories (96%); 13 children (28%) had thorough and detailed social histories; 27 were adequate (57%); and 5 were minimally adequate (11%).

Permanency plans were adequate for 36 children (78%); areas inadequately addressed for the child included: 3 mental health/emotional needs; 1 each: behavioral; medical; visitation. Areas inadequately addressed for the parent included. 2 parenting assessments, 2 psychological evaluations; 1 marriage counseling. 2 children had no permanency plans; 2 no strategies to achieve the goal; 1 no goals for the child or family; and 1 no target dates/timelines. No plan was developed for 1 child who was released from custody the day before the planning meeting was scheduled. 10 permanency plans (21%) were exceptional and thoroughly addressed the needs identified in the assessment.

37 children (79%) had case managers who had a good working knowledge of the child, family, and service needs.

8 of the 23 children in foster homes (35%) were in exceptional homes that were loving and committed, providing services as necessary to meet needs; 15 children were in adequate foster homes; 12 children were in foster homes that were interested in adopting them, but one child decided not to be adopted.

Coordination was adequate for 34 children (72%), with inadequacies between: 6 HCCM and parent; 5 HCCM and placement/facility; 4 HCCM and child; 3 HCCM and school; 2 HCCM and caregiver; 2 HCCM and contract staff; 2 HCCM and service provider; and 1 each: HCCM and court; HCCM and relative placement; HCCM and adoption worker; HCCM and another state; and HCCM and therapist, contract case manager, CPS, placement.

For the 38 children not in family placements or kinship care: 11 were placed in home county (29%); 15 within the South Central Region (39%); 3 in RRMG placements (8%); 1 in Mid-Cumberland region; 1 in Upper Cumberland; and 7 were placed out of the grand region (18%).

Reported caseloads were generally manageable with the average being 13 and the median 18 for social services, the average 20 and the median 21.5 for juvenile justice.

All social services cases and all but 3 juvenile justice children (94% of total) had been visited by a case manager within the past 30 days; for those over 30 days, 2 had been visited within the past 90 days, 1 within the past 70 days.

Extracts had accurate, critical information in all except 2 cases (96%); inaccurate information included: 1 wrong race; 1 wrong custody date. 8 TNKids screens had inaccurate information: 5 incomplete placement histories; 2 wrong race (1 also on extract); 1 wrong case manager.

Between the time cases were selected for review and the review was actually conducted, 8 cases (17%) experienced substantial increased activity, including: 4 children assigned HCCM; and 1 each: ICPC initiated and finalized; HCCM contact with parent; parent located; child placed home; social history updated; HCCM visited child; HCCM visited placement; TNKids corrected; trial home visit; request for school records; and case sent to Center for Adoption.

Noteworthy Accomplishments

- Two foster homes for medically fragile children have adjusted their lifestyles to ensure children receive intensive medical services/treatment appropriate to their needs and are willing to adopt.
- In 2 cases DCS case managers were very involved in the lives of the children, visiting frequently and attending special events.

Emerging System Performance Issues

There is a general sense that distances between work stations, assigned counties and juvenile courts results in a disconnect between system officials, and makes communication, travel and contact among case managers, families, children, and other key stakeholders extremely difficult.

22 children (47%) had four or more case managers in the past year; 1 child had 2 case managers within 2 months; 17 children (36%) had case managers with 12 months or less experience.

Only 24 children (51%) had an involved guardian ad litem, but in 5 cases they were actively involved attending staffings and foster care review board hearings.

Only 15 of the 26 families needing services (58%) were receiving them; 2 families refused services.

Perpetrators were rarely prosecuted: only 2 of 17 children who experienced sexual abuse (12%) (in 2 cases it was not known whether there was prosecution); only 1 of 5 children severely physically abused (20%).

Truancy or other school behavior problems contributed to custody for 17 of the 42 school-age children (40%).

14 children (30%) had experienced 4 or more placements, with the average 9, the median 11.5, and 30 the highest. Only 24 children (51%) had only one placement or only one placement following assessment.

12 children (26%) had been in custody multiple times: 10 twice, 2 for the third time; 7 of 14 children adjudicated delinquent (50%) had been in custody more than once; 1 child had been in custody in another state.

7 children (14%) had been in custody too long: 2 needed TPR (4%); 2 needed to be released (4%); 1 needed adoption (2%); 2 needed to go home (4%).

There did not seem to be sufficient focus on identifying adoptive placements for children as early as possible.

2 children (4%) experienced excessive stays (30 days or more) in temporary placements.

1 child was reportedly physically and sexually abused repeatedly in various family placements and eventually placed in a foster home, but only one perpetrator was prosecuted; 1 child was reportedly sexually abused by peers in group placement and subsequently moved to a therapeutic foster home.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues identified for the children in this sample:

- 4 children experienced extended waiting periods of two or more hours in the dentist's office.
- 1 child who needed a tooth extraction was scheduled to see a local dentist, then referred to an oral surgeon where the child waited 8 hours to be seen.
- 2 children who need intensive counseling by a qualified therapist are being seen only once every six weeks.

Critical Issues

- 29 children (62%) have parents who are or have been incarcerated.
- 20 children ages 13+ (61%) have substance abuse issues; 14 children ages 13+ (42%) were poly-substance abusers, 10 children ages 13+ (30%) were using drugs more serious than alcohol or marijuana.
- 28 children (60%) have parents with substance abuse issues; 14 children's parents (30%) were poly-substance abusers.
- 27 children (57%) have little or no relationship with their fathers; 14 children (30%) have little or no relationship with their mothers.
- 23 children (49%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 21 children ages 13+ (64%) were reportedly sexually active.
- 20 children (43%) had experienced domestic violence.
- 17 children (36%) allegedly had been sexually abused; 4 children (9%) allegedly were the victims of incest, with 3 of those having siblings who also allegedly were the victims of incest.
- 16 children (34%) allegedly had been physically abused.
- 11 children ages 13+ (33%) had serious, often multiple, mental health diagnoses, including: 5 major depression; 5 PTSD, 1 chronic; 2 bi-polar, 1 with psychotic features; and 1 each: depressive disorder; dysthymia; psychotic disorder NOS; anxiety; and borderline personality disorder.
- 15 children (32%) were from homes living below the poverty level. 5 children (11%) were removed from squalid living conditions.
- 10 of the children ages 13+ (30%) had experienced psychiatric hospitalizations; 6 had multiple hospitalizations: 3 twice, 2 three times, 1 four times.
- 7 children ages 13+ (21%) experienced suicidal ideations; 6 of the children ages 13+ (18%) had attempted suicide.
- 8 children ages 13+ (24%) had committed offenses against persons.
- 8 children's parents (17%) were never married to each other.
- 8 children (17%) were removed from relatives at the time of custody.
- 4 children (9%) have a parent(s) diagnosed with a mental illness; 6 other children (13%) had parents with undiagnosed mental health issues.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Southeast Tennessee Region
Preliminary System Observations
September 27, 2002

Service System Strengths

In all but one case (98%) efforts were made to place siblings together when appropriate.

Case managers had visited all children who were not on runaway within the last 30 days.

All 15 children who needed special education services were receiving them.

Excluding runaways, all children except 1 (98%) had EPSDT completed and follow-up if needed. In one case there was no evidence of EPSDT. One child was overdue for a dental exam.

All except 4 children who were not on runaway (91%) were in the least restrictive most appropriate placement: 2 needed more restrictive, 1 needed a less restrictive, and 1 needed a more appropriate placement at the same level of restrictiveness.

All except 2 children (96%) were appropriate for custody at the time of custody.

36 children (77%) had a case manager with a good working knowledge of the case.

20 of 22 families needing reunification services (91%) were receiving them; 4 families who refused services were not included in the 22.

Foster homes provided exceptional care for 8 of the 23 children in foster homes (35%), providing loving, nurturing stable placements and making substantial efforts to ensure that children received needed services; the other 15 foster homes were adequate. Foster parents were interested in adopting 17 of the children in foster homes (74%).

For the 30 children who were not on runaway, in family placements, or kinship, 13 were placed in their home county (43%); 3 were in Hamilton County (10%); 10 in the Southeast Region (33%); 2 in Knox County (7%); 1 in RRMG placement (3%); 1 out of region (3%).

In 28 of 41 cases (68%), substantial intervention services were provided to prevent custody. In 6 cases children were removed in an emergency, including 3 cases involving methamphetamine production in the home. Intervention services included: for the child: 18 state/county/court/intensive probation; 8 family support services; 6 child counseling; 6 child protective services; 5 relative placement sought/utilized; 4 crisis intervention; 4 inpatient A & D treatment; 4 non-custodial assessment; 3 HomeTies; 2 each: flexible funds; alternative school; intensive case management; psychiatric hospitalization; psychological evaluation; restitution; outpatient; FCIP; and 1 each: JCCO; residential treatment; drug screening; and a variety of other services; and for the family: 2 each: mental health case management; inpatient hospitalization; A & D treatment; and 1 each: inpatient hospitalization; outpatient hospitalization; and medication monitoring.

Assessments were adequate in 40 cases (85%); inadequacies for 7 cases included: 3 children needed psychological evaluation; 3 parents needed psychological; 2 each needed: child A & D assessment; parent A & D assessment; parenting assessment; and 1 each needed: independent living skills assessment; psychiatric evaluation; vocational testing; and health/medical screening parent.

In 35 cases (74%) social histories were thorough and detailed, including the legal history on child and parent, where applicable.

In 10 of the 14 cases (71%) when parents needed psychological evaluations, they received them.

Coordination was adequate in 39 cases (83%). When coordination was inadequate, it was between: 2 HCCM-caregiver; and 1 each: HCCM-parents; HCCM-school; HCCM-service provider; placement-child; school-service provider; contract agency-school; HCCM-service provider-school-caregiver; HCCM-placement-GAL-child-parent; HCCM-service provider-school-continuum.

Permanency Plans were adequate in 34 cases (72%). Inadequacies included: for the child: 4 inappropriate permanency goal; 3 no target dates/timelines; 2 each: wrong information; insufficient/unclear action to address needs; mental health/emotional; TPR; and 1 each: strategies to achieve adoption; behavioral; educational; grief and loss; medical; sex abuse issues; vocational; anger management; for the parent: 2 psychological; 1 each: parenting assessment; medical evaluation.

In 18 cases (38%) termination of parental rights was either completed or in process.

12 children (26%) had parent/parent figures(s) that were or are being prosecuted for an offense against the child, a sibling or other children.

In 40 cases (85%), extracts had accurate critical information; missing or inaccurate critical information included: 4 incorrect race, 2 incorrect county of venue, 1 incorrect social security number, and 1 incorrect placement history; 5 TNKids screens had incomplete placement histories.

Between the time cases were selected for review and the review was actually conducted, 13 cases (28%) experienced substantial increased activity, including: 3 updated social histories; 3 new/updated/revised permanency plans; 2 child visits; and 1 each: social history completed; release from custody; permanency plan faxed to new case manager; dental appointment scheduled; pre-placement summary; new case manager assigned; and HCCM took child to buy clothes.

Noteworthy Accomplishments

- In one case the HCCM utilized the permanency plan as a working document denoting every time the child accomplished a goal or a goal changed, using the plan as a road map for achieving the goal.
- One foster parent committed to providing a home for a difficult-to-place child with serious behavior problems has patiently worked with the child and as a result the child is now on the honor roll at school.
- One child chose to stay in custody to attend college and has independently investigated all resources and grants for financial assistance including finding and enrolling in a computer training program earning a computer for college.

Emerging System Performance Issues

Courts had a direct and thorough knowledge of the case and kept up with the status of the children in only 25 cases (53%).

29 children (62%) experienced a change in case managers within the last 12 months; 19 children (40%) had a case manager with 12 months or less experience. Part of the region was reduced to 2 juvenile justice workers resulting in multiple changes in caseloads.

Social Services caseloads ranged from 8 to 24 with an average of 15 and median of 16. Juvenile Justice caseloads ranged from 17 to 44 with an average of 18. 3 children were in adoption caseloads, 2 with 10 cases and 1 with 12 plus 3 Interstate Compact on the Placement of Children (ICPC).

Truancy and/or other school behaviors were factors in custody for 19 school age children (48%).

17 children (36%) experienced 4 or more placements; with an average of 8, a median of 11.5, and 19 the most. Only 13 children (28%) had experienced just 1 out of home placement or 1 placement following assessment.

7 children (15%) have been in custody too long: 3 needed adoption (6%); 2 needed termination of parental rights (4%); 2 other (4%).

9 children (19%) have been in custody multiple times, 8 for the second time, 1 for the third time.

6 children (13%) experienced excessive stays in temporary placements. 1 before 10/1/99 for 345 days; 5 after 10/1/99, ranging from 33 to 105, with a median of 51 and average of 57.

3 children (6%) were allegedly physically abused in placement: 2 were removed from foster homes; 1 was reported to the contract agency.

3 children (6%) were referred to as a "gift of the court," 1 by DCS staff; 1 by GAL; and 1 by juvenile court staff.

TennCare/TennCare Partners/MCO/BHO/EPSDT issues included the following:

- A pediatrician monitors and manages psychotropic medications for 2 children because no psychiatrist in the area accepts TennCare.
- 1 child was referred to a specialist in the area who is no longer taking TennCare, and TennCare did not provide assistance to the family in locating another specialist. Foster parent is now searching for a specialist in another city over 80 miles away.
- 5 children had difficulties receiving dental services due to an inadequate provider network; 4 of these travel 30 to 62 miles for services.
- 1 child received care as needed while in custody but never received a TennCare card; now the child has been released and is living at home, and there is concern about how a needed prescription will be refilled.

Other Critical Issues

- 34 children (72%) have parents who are or have been incarcerated.
- 29 children (62%) have parents who have/have had substance abuse issues; 4 children (9%) had parents who were using methamphetamines; 4 children (9%) had parents who were making methamphetamines.
- 24 children (51%) have little or no relationship with their fathers; 13 children (28%) have little or no relationship with their mothers.
- 23 children (49%) are from sibling groups of 3 or more children, including 1 with 6 and 1 with 12.
- 18 children (38%) are from homes below the poverty level.
- 16 children (34%) were allegedly sexually abused; 8 of the children (17%) experienced incest.
- 15 children (32%) were born to parents who were never married to each other.
- 14 children (30%) were allegedly physically abused.
- 14 children (30%) experienced domestic violence in the home.
- 14 of the 27 children ages 13+ (52%) have/have had substance abuse issues; 12 of these children (44%) were poly-substance abusers; 5 children (19%) had used methamphetamines.
- 12 children ages 13+ (44%) are reportedly sexually active.
- 12 children ages 13+ (44%) and 2 children under 13 (10%) have experienced psychiatric hospitalization; 5 had multiple hospitalizations: 4 with 2, 1 with 3, and 1 with 4.
- 12 children (26%) have a parent diagnosed with a mental illness. 10 of the 19 children with mental health needs (53%) also had parents with mental health needs.
- 11 children ages 13+ (41%) and 2 under 13 (10%) were diagnosed with serious mental health issues including: 4 bipolar; 4 PTSD; 4 impulse control; 3 major depressive disorder, 1 with psychosis; and 1 each: anxiety disorder; schizo-affective disorder; obsessive compulsive disorder; 1 child was classified as SED.
- 8 children (17%) were diagnosed with ADD/ADHD.
- 7 children ages 13+ (26%) and 2 children under 13 (10%) had experienced suicidal ideations or attempted suicide.
- 7 children (15%) had a parent diagnosed with mental retardation or borderline intellectual functioning.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Memphis/Shelby County
Preliminary System Observations
September 4, 2002

System Strengths

All children except one (98%) were appropriate for custody at the time of custody. Truancy did not precipitate custody for any child reviewed.

All children who were not on runaway except 1 (98%) were in the least restrictive, most appropriate placements; 1 needed a more appropriate placement at the same level of restrictiveness.

All 19 children (100%) who needed special education services were receiving them.

Excluding runaways, 39 children (83%) were visited by their case manager within the last 30 days. 8 children (17%) were not visited within the past 30 days; 3 of the 8 were juvenile justice cases - 2 had not been visited in approximately 11 months and the third child had not been seen in 4 months; the range since the last case manger visit for the 5 social services cases was 32 to 70 days with an average of 49 and a median of 50 days.

All children except 2 (96%) who were not on runaway had received EPSDT screening and follow-up as needed.

Efforts were made to place known siblings together in all appropriate cases. 14 cases had sibling groups of 6 or more. In 2 of 5 cases where siblings came in custody at different times, no one knew about them.

Coordination was adequate for 38 children (73%); 14 cases (27%) with inadequate coordination were between: 3 HCCM-placement; 2 no coordination; 2 HCCM-out of state CM; 2 HCCM-contract agency; and 1 each: RCM- placement, HCCM, service provider and family; service provider-HCCM, family, and child; HCCM-family; HCCM-service provider; HCCM-child; HCCM-Court; and HCCM-RCM.

Of the 37 children who were not in family, paid kinship placements, or on runaway, 27 children (73%) were placed in Shelby County; 6 (16%) in rural West Tennessee; 2 (5%) out of state; and 2 (5%) out of region.

12 of the 32 children in foster homes (38%) were in exceptional foster homes that were going above and beyond to ensure needs were met; the other 20 children were in adequate foster homes; 20 foster homes were willing to adopt.

Social Service caseloads averaged 16 with a median of 15; adoption caseloads averaged 12; JJ caseloads averaged 30.7. There were 3 combined adoptions and SS and 1 combined SS and JJ.

33 children (63%) had a case manager who had a thorough working knowledge of the case.

Extracts had accurate critical information in all but 6 cases (88%), with inaccuracies including: 2 incorrect race; 2 incorrect custody dates; 2 incorrect case managers; 1 county of venue; 16 TNKids screens were inaccurate with inaccuracies including: 11 placement histories; 5 current placements; 2 dates of custody; 1 race.

Between the time cases were selected for review and the review was actually conducted, 17 cases (33%) had substantial increased activity, including: 3 permanency plans; 8 completed social histories/updates/addendums; 3 HCCM visited child; 2 HCCM visited placement; 2 placement changed; 2 HCCM assigned; and 1 each: dental screen; HCCM called placement; relative placement; permanency goal change; efforts to locate child and family.

Noteworthy Accomplishments:

- In 1 case multiple sources reported the case manager to be extremely accessible and exceedingly knowledgeable about the case.
- A relative foster parent took PATH training, purchased a home to provide a placement for the child and siblings, and is planning to adopt.
- 1 child is in a foster home providing extensive support for needed services, offering suggestions for system improvement, and planning to adopt.

Emerging System Performance Issues

Assessments were inadequate for 17 children (33%); inadequacies included: 13 with no/incomplete/outdated social history; 6 needed psychological evaluations; 1 each child: A& D assessment; medical; dental; psycho-educational; independent living; and 1 each family: parenting assessment; A&D assessment.

25 children (48%) had social histories missing the following information: 10 family history; 8 child history; 3 only cover page/1page; 2 reason for custody; 2 education/special education; 2 child's current status; 2 wrong information; and 1 each: birth history; medical; placement history, and mental health needs of both child and family.

25 children (48%) had inadequate Permanency Plans/IPPs. Needs inadequately addressed for child: 9 strategies to achieve permanent goal; 7 strategies to achieve adoption; 8 educational services; 6 independent living skills; 6 medical/basic health; 5 mental health; 3 behavioral; 2 each: psychological evaluation; psycho-educational; medication monitoring; child counseling; and 1 each: developmental delays; grief/loss; OT, PT, speech; special needs. Needs inadequately addressed for family: 3 family counseling; and 1 each: mental health/emotional; parenting classes. 3 no target dates/timelines; 2 no goals or DCS responsibilities; and 1 each: no action plan for permanency; and no permanency goal clearly defined.

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Services were offered/provided in an effort to prevent custody for 25 children (48%), including: 10 relative placements utilized; 7 child protective services; 7 YSB; 3 relative placement sought; 3 each: CSA referral; Hometies; 2 each: counseling child; homemaker; and 1 each: A&D treatment child; Family Support Services; non-custodial assessment, counseling offered; case management; Center for Children in Crisis.

21 children (41%) had been in custody too long: 15 (29%) needed adoption; 3 (6%) needed TPR; 1 (2%) needed to be released; 1 (2%) needed to go home, and 1 (2%) missed the window of opportunity.

15 children (29%) had Termination of Parental Rights (TPR), 7 since 2001; 1 since 2000; 2 since 1999; 4 since 1998; and 1 since 1994, but for 8 children TPR was not completed for 3 or more years: 1-3; 2-4; 1-5; 1-6; 1-8; 2-12, including 1 on an unknown father. In 4 of the cases foster parents are no longer interested in adopting and in two of the cases the placements disrupted.

There was a substantial lack of/virtually no evidence of effective legal advocacy for children or families. For 24 children it was neither reported nor was documented that they had ever had a GAL, CASA, or attorney assigned to the case. 15 additional children do not currently have representation.

The foster care review process should be more effective and meaningful by involving all participants in the case, including timely notice and encouragement to attend.

8 children (15%) were in custody for the 2nd time.

18 children (35%) had four or more placements, with the average being 5.5 and the median being 4.5. Only 14 children (27%) had experienced only 1 placement or only 1 placement following assessment.

31 children (60%) had a change in case managers in the last 12 months, 13 of them in the last 6 months; 12 children (23%) had a case manager who had been with DCS less than 12 months.

4 children (8%) experienced excessive stays (more than 30 days) in temporary placements: 2 before 10/1/99 (170, 180 days); 2 after (48, 51 days).

6 children (12%) were allegedly abused in placement, including physical, sexual or emotional abuse, in foster homes or pre-adoptive placements and 1 group placement, and in all cases were moved from the abusive situation and homes closed or staff terminated as appropriate.

1 child was referred to by a DCS case manager as a "gift of the court."

TennCare/TennCare Partners/EPSDT Issues:

- 1 child waited over an hour beyond the scheduled appointment time to see the primary care physician and the dentist.
- 1 young child with cavities needed to be sedated for the procedure, but had a delay in services due to difficulty locating a pediatric dentist close to child's placement in a rural county.
- 1 child needs specialized in-home intensive services due to serious behaviors, but the agencies that would better meet the child's level of need do not accept TennCare, and as a result the child is receiving less than adequate services.
- In 1 case a child was admitted for a psychiatric evaluation and TennCare refused to pay for one day of the hospital stay. DCS filed a complaint and several hearings were set and rescheduled. The bill has yet to be paid in over 12 months and the last hearing date was 7 months ago.
- Prior to custody 1 child was ordered to an evaluation placement by the county and TennCare refused to pay the total bill and now a year has passed and the debt has been reported to the credit bureau against the parent's credit.
- For approximately 1 year a foster parent has paid $30.00 per month for medication prescribed by the child's PCP that was not in the formulary. The child tried but could not tolerate the medication that was listed in the TennCare formulary.

Other Critical Issues

- 45 children (87%) had little or no relationship with their fathers; 31 children (60%) had little or no relationship with their mothers.
- 36 children (69%) were born to biological parents who were never married to each other.
- 33 children (63%) have parent(s) with substance abuse issues, 9 children both parents (17%); 17 children's parents (33%) were using crack/cocaine; 14 children (27%) had parents who were poly-substance abusers. 9 of the children who are ages 13+ (41%) had substance abuse issues; 5 children 13+ (23%) used tobacco. 6 children (12%) with substance abuse issues had parents with substance abuse issues.
- 31 children (60%) were from sibling groups of more than 3 children, larger than the average family in Tennessee; 2 children were twins.
- 24 children (46%) were from homes/families living below the poverty level.
- 22 children (42%) have parents who are or have been incarcerated; for 6 of those children (27%) both parents are or have been incarcerated.
- 20 children (38%) were from families that lived in high crime areas.
- 20 children (38%) had experienced abandonment.
- 17 children (33%) were substance exposed prenatally.
- 15 children (29%) have a diagnosis of ADHD/ADD; 10 children (19%) have a diagnosed learning disability.
- 14 children (27%) were allegedly physically abused. 9 children (17%) had experienced domestic violence.
- 12 children (23%) are diagnosed as mentally retarded or with borderline intellectual functioning; 3 children (6%) have parents diagnosed as mentally retarded and 1 additional child (2%) has a parent with borderline intellectual functioning.
- 12 children (23%) were allegedly sexually abused; 3 children (6%) were allegedly involved in incest; 3 children (6%) had a sibling involved in incest; 2 children (4%) were allegedly involved in incest and had a sibling involved in incest.
- 12 children (23%) have a mental health diagnosis; 6 additional children have mental health issues but no diagnosis; 11 children (21%) have parents with diagnosed mental illness, and 5 additional children (10%) have a parent with mental health issues; in 5 cases (10%) both child and parent had a diagnosis. 4 children ages 13+ (18%) who had a mental health diagnosis also had substance abuse issues.
- 9 children (17%) were environmentally/culturally deprived; 4 children (8%) were removed from squalid living conditions.
- 8 children ages 13+ (36%) and 1 child under age 13 have experienced psychiatric hospitalizations, with 6 of the 13+ hospitalized before age 13; 4 children had multiple hospitalizations - 3 with 3 and 1 with 2. 7 children (13%) had serious mental health diagnoses: 6 depressive disorder, 2 with psychosis; 1 reactive attachment disorder. 5 children ages 13+ (23%) and 1 under age 13 (3%) have had suicidal ideations or attempts.
- 7 children (13%) have a deceased parent, 1 of them both parents.
- 7 children ages 13+ (32%) are sexually active; 2 children ages 13+ (9%) are sexual perpetrators; 6 moms (12%) were involved in prostitution.
- 5 children who are ages 13+ (23%) allegedly were involved in gang activity.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Southwest Region
Preliminary System Observations
February 28, 2002

Service System Strengths

Excluding runaways, all children except 1 (98%) had current EPSDT screening and all except 1 (98%) received recommended treatment/follow-up.

Excluding runaways, all children except 1 (98%) were in the least restrictive, most appropriate placement; that child needed more restrictive placement.

Efforts were made to place siblings together in all cases when it was appropriate except 1 (98%).

All except 6 children were appropriate for custody at the time of custody (88%); in 5 cases (10% of total; 83% of inappropriate for custody) relative resources could have been utilized to prevent custody; in the other case the child could have remained with a parent without coming into custody.

Social services home county case managers had both an average and a median of 15 cases; juvenile justice home county case managers had an average of 40 and a median of 31 cases; adoption case managers had an average and a median of 24 cases.

Court staff were very knowledgeable about the circumstances of the cases for 36 children (75%).

In 20 of the 27 cases where family involvement was relevant (74%), there was a positive attitude and approach to dealing with families from 16 DCS staff and 4 contract services agency staff.

35 children (73%) received substantial services in an attempt to prevent custody, including: 15 county/state/intensive probation; 15 child counseling; 13 CPS involvement; 10 family counseling; 7 crisis intervention; 4 each: community service; non-custodial assessment; parenting classes; psychiatric hospitalization; 3 each: relative placement sought; restitution; and a variety of others.

For 28 children who were not in family placements or on runaway: 12 (42%) were placed in home county, 6 (21%) within the Southwest Region, 5 (18%) in Shelby County, 3 (11%) in Northwest, 1 (4%) in South Central, and 1 (4%) in Nashville.

14 children (29%) had experienced only one placement or only one placement following assessment.

All 15 foster homes were adequate and 5 children were in exceptional, loving committed foster homes (33%); 8 (53%) were in foster homes interested in adopting them.

Extracts had accurate critical information in all except 5 cases (90%); inaccurate information included: 3 wrong race; 2 wrong adjudication. TNKids screens were accurate for all but 8 children (83%), with 5 placement histories and 2 adjudication, 1 race, and 1 current placement inaccurate or inadequate.

Between the time cases were selected for review and the review was actually conducted, 26 cases (54%) experienced substantial increased activity, including: 6 new/updated social histories; 5 visits with child/placement; 4 new/updated permanency plan; 2 each: calls to child/foster parents; placement change; needed services needed; EPSDT; new worker; dental services; Foster Care Review; released from custody; sent home; and 1 each: IEP; updated records; Permanency Plan Hearing, closed case; visit to family; TPR set.

Noteworthy Accomplishments

- 1 child who has had multiple traumatic experiences is in a foster home that has provided exceptional intervention and advocacy to facilitate improved chances for long-term success for the child.
- 1 child's foster parent has provided exceptional services, particularly in educational functioning and development of independent living skills for future success.
- All 5 assessments conducted by a specialty provider in Memphis were exceptional.

Emerging System Performance Issues

Assessments were inadequate for 27 children (56%); inadequacies/additional assessments needed included: 14 social history; 8 child psychological; 6 psycho-educational; 4 parent psychological; 4 parent A&D assessment; and 2 each: vocational testing; psychosexual; child A&D assessment; medical documentation; parenting assessment; and 1 each family assessment and parent vocational.

Permanency Plans were inadequate for 24 children (50%); areas inadequately addressed included: 11 educational needs; 4 each: health needs; family responsibilities; steps to permanency; 3 each: emotional needs; independent living; appropriate permanency placement/goal; services specific to the child; and 2 each: sexual abuse issues; child behavior issues; parent's mental health needs; community risks; and 1 each: inaccurate information; services to maintain home; vocational services; child A&D needs; target dates for permanency.

Coordination was inadequate for 18 children (38%), with inadequacies between: 8 HCCM-family; 7 HCCM-placement; 6 HCCM-providers; 5 HCCM-courts; 4 HCCM-child; 2 HCCM-school; 1 HCCM-GAL; 1 HCCM-foster parents case manager; 1 inadequate worker transition.

17 children (35%) had been in custody too long: 7 needed to be released (15%); 4 needed adoption (8%); 3 needed TPR (6%); 2 needed to go home (4%); 1 missed the window of opportunity; 7 children (15%) experienced substantial delays before TPR was initiated.

16 children (33%) had experienced 4 or more placements, with the average being 7.7 and the median being 5.

7 children (15%) had been in custody multiple times: 5 twice (11%), 2 for the third time (4%).

8 of the 23 children who needed special education services (35%) were not receiving needed services.

2 children were allegedly physically abused in a foster home and were immediately removed, 1 of them from an overcrowded home.

TennCare/TennCare Partners/EPSDT issues included the following:

- 1 child had to travel over 100 miles to receive orthodontist services so the contract agency is paying for the service locally.
- Concerns were expressed about the quality of services for 1 child and the waiting list at a local mental health center.
- 1 child on TennCare prior to custody had to change providers for TennCare Select resulting in a lack of continuity of care.
- 1 child has to travel 43 miles each way to receive dental services because 2 local TennCare dentists will not accept new patients.
- TennCare Select would not pay for a name brand drug for 1 child and the generic drug was ineffective so the local mental health center is providing the drug.
- Parents are being billed for psychiatric hospitalization that should have been paid by the BHO for 1 child who exhausted private mental health coverage.

Critical Issues

- 34 children (71%) have little or no relationship with their fathers; 8 children (17%) have little or no relationship with their mothers.
- 31 children (65%) have a parent without a high school education.
- 30 children (63%) have parents who have been incarcerated; for 10 (21%), both parents have been incarcerated; 7 (15%) were incarcerated for offenses against the child or a sibling. 7 children (15%) had parents in state custody as children.
- 23 children (48%) have parents with substance abuse issues; 3 involved meth.
- 20 children (42%) were from homes living below the poverty level.
- 19 children were born to mothers who had their first child between age 17 and 20 (40%), 5 to mothers 16 or younger (13%).
- 17 children (35%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 14 children ages 13+ (47%) have/have had substance abuse issues; 14 were poly-substance users (47%); 2 used meth. 11 children ages 13+ (37%) began experimenting with/using alcohol or marijuana at age 13 or younger.
- 17 children (35%) had experienced domestic violence.
- 11 children ages 13+ (37%) had experienced psychiatric hospitalizations; 4 had multiple hospitalizations: 7 had 1; 1 each had 2, 3, 4, and 12. 11 children ages 13+ (37%) and 1 child under 13 experienced suicidal ideations; 6 (20%) had made suicide attempts, 2 attempted twice, 3 attempted 3 times.
- 11 children (23%) allegedly had been physically abused. 11 children (23%) allegedly had been sexually abused; 7 of those children (15%) allegedly were the victims of incest, and 5 other children (10%) had siblings who allegedly were the victims of incest.
- 9 children ages 13+ (30%) had serious mental health diagnoses: 9 depression; 2 PTSD; 1 anxiety disorder; 1 impulse control; 6 were classified SED (2 under age 13) and 2 classified ED; 15 children (31%) have parents diagnosed with mental illness; 7 children (15%) with mental health diagnoses have parents with mental health diagnoses. 14 children with mental health issues also have a parent with mental health issues (29%).
- 4 children ages 13+ (13%) were allegedly involved in gang activity.
- 4 of the 15 delinquent children (27%) had committed offenses against persons.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

Upper Cumberland Region
Preliminary System Observations
June 5, 2002

Service System Strengths

In all cases efforts were made to place siblings together when appropriate.

In all but 1 case children had completed EPSDT screenings.

All except 2 children (96%) were appropriate for custody at the time of custody.

15 of the 16 children who needed special education services (94%) were receiving services; all available psycho-educational assessments were thorough and provided extensive information.

When appropriate, efforts were made to engage and provide services to children's parents in all but 2 cases.

All except 6 children (13%) were in the least restrictive, most appropriate placements; 1 needed a more restrictive placement; 1 needed a less restrictive placement; 4 needed a more appropriate placement at the same level of restrictiveness.

Coordination was adequate for 40 children (85%); when coordination was inadequate, it was between: 4 HCCM - placement; 2 each: HCCM – court; HCCM – family; and 1 each: HCCM – child; HCCM – RMU; placement – school; contract case manager – child; placement – family; GAL – DCS; 2 DCS county offices; 1 no coordination.

32 children (68%) had services to prevent custody: 14 CPS; 9 intensive probation; 8 safety plans; 7 county probation; 6 CIT/FCIP; 5 each: FSS; community service; 4 each: case management; child counseling; homemaker; relative placement used; 3 each: parent counseling; HomeTies; parenting classes; in home services; child drug screens; Families First; 2 each: child A&D assessment; parent A&D treatment; house arrest; relative placement explored; child A&D classes; child A&D counseling; hard services; and a variety of other services.

9 of the 20 children in foster homes (45%) were in warm, nurturing placements that were taking the initiative to ensure that needed services were provided, caring for extremely difficult children and/or supported child in extra activities; 10 were in adequate foster homes (50%), and 1 was in a foster home that was inappropriate for the child; 6 children (30%) were in foster homes that were interested in adopting them; 2 children were in kinship foster homes that are interested in adopting them.

18 children (38%) had experienced only 1 placement or 1placement since assessment.

Of the 31 children not in family/kinship placements or on runaway: 8 were in home county (26%), 12 in the CSA region (39%), 8 were in the RRMG (26%); 3 children were out of region.

14 children (30%) had very thorough social histories; 26 children (55%) had adequate social histories with minimally sufficient information; 7 children had inadequate social histories (15%).

Social Services case managers caseloads ranged from 9 to 23 with an average and mean of 18. Juvenile Justice caseloads ranged from 8 to 54 with an average of 28. Adoptions caseloads averaged 11.5 with little variation.

The positive physical environment, including a pleasant and welcoming waiting room and atmosphere, and employee interaction strategies in the Putnam County DCS office seemed to foster creativity and openness.

Extracts had accurate, critical information in all but 7 cases (15%); inaccurate information included: 5 race; 1 each: SSN; date of custody; county of venue. 8 TNKids screens (17%) had inaccurate information: 6 placement history; 2 race; 1 county of venue.

Between the time cases were selected for review and the review was actually conducted, 12 cases (26%) experienced substantial increased activity, including: 4 visits with child; 3 social histories; 2 updated Plan; 1 each: visited school; obtained school records; placement change; weekend visits started; step-down staffing; new case manager; services initiated.

Noteworthy Accomplishments

- 16 of the school age children (39%) are doing well in school, 13 in spite of substantial obstacles; 2 children are identified as gifted.
- 1 child's HCCM, contract case manager and foster parents are extremely invested, making the child happy for the first time.
- 1 child's foster parents are willing to adopt a large sibling group.

Emerging System Performance Issues

24 children (51%) had a case manager with 12 months or less experience; and 11 additional children (23%) had experienced caseworker reassignments in the past 12 months. 24 children (51%) had case managers with a thorough working knowledge of their cases; in 4 cases, a supervisor had a thorough working knowledge.

14 children (30%) had inadequate assessments; inadequacies/needs included: 7 social histories; 7 children psychological and 1 psychological update; 5 parents psychological; 3 parenting assessments; 2 each: parent A&D assessment; child psychosexual assessment; psycho-educational; 1 each: child A&D assessment; independent living skills; child vocational assessment; parent vocational assessment.

Permanency plans were inadequate for 14 children (30%); issues not addressed for the child included: 5 educational; 5 mental health; 3 independent living skills; 3 medical; and 1 each: special education; sexual perpetration; behavioral; substance abuse; no goals; deficiencies for the parents included 1 each: substance abuse; mental health; parenting skills; vocational assessment; interstate home study; other issues included: 2 inadequate reunification strategies; 2 wrong information; 1 each: no permanency goal clearly defined; no plan.

15 children (32%) had been in custody more than once: 12 two times, 3 three times; 4 of the 10 delinquent children (40%) have had multiple custodies.

14 children (30%) had experienced 4 or more placements; the average was 10, and the median was 5.

9 children (19%) had been in custody too long, needing: 4 (9%) to complete adoption; 2 (4%) TPR; 2 (4%) be released and 1(2%) go home.

Truancy or school behavior problems were primary factors in custody for 7 school age children (17%).

4 children had excessive stays in temporary placements, all after 10/1/99, with the average being 47 days.

4 children have not been seen by a DCS case manager in more than 30 days, ranging from 40 days to several months.

TennCare/TennCare Partners/MCO/BHO/EPSDT issues included the following:

- 4 children had to travel significant distances to receive dental services due to an inadequate dental network.
- For 2 children inadequate provider networks resulted in limited choice of pediatricians or travel distances.
- 1 child consistently has to wait over an hour to see primary care provider for well child or sick visits.

Critical Issues

- 33 children (70%) had little or no relationship with father; 9 children (19%) had little or no relationship with mother.
- 32 children (68%) have parents who are or have been incarcerated; 11(23%) both parents.
- 29 children (62%) had parent(s) with substance abuse issues; 17 (36%) were poly-substance abusers; 4 were using and 5 making methamphetamines. 12 children (26%) came into custody primarily because of parents' use or manufacture of alcohol/drugs.
- 13 children ages 13+ (54%) have/have had substance abuse issues; all but 5 of these were poly-substance abusers.
- 23 children (49%) were from sibling groups of 3 or more children.
- 21 children (45%) were from homes below the poverty level; 5 children (11%) were culturally/environmentally deprived.
- 19 children's (40%) parents never married each other. 11 children (23%) had mothers and in 2 cases both parents under age 18 when they had their first child.
- 17 children (36%) have a mental health diagnosis and 4 children (9%) have mental health issues but no diagnosis.
- 7 children (15%) had a parent who was diagnosed with serious mental illnesses. 3 children (6%) with a mental health diagnosis also had a parent with a diagnosis. 3 children (6%) with a mental health diagnosis have a parent with undiagnosed mental health issues; 2 children with undiagnosed mental health issues also have a parent with undiagnosed mental health issues.
- 5 children ages 13+ (21%) and 2 under age 13 had suicidal ideations; 1 under age 13 had actually attempted suicide.
- 2 children ages 13+ (8%) and one under age 13 had a history of psychiatric hospitalizations, 2 for the first time at age 8.
- 16 children (34%) had experienced domestic violence in the home; 4 children (9%) had a deceased parent.
- 9 children (19%) were allegedly physically abused.
- 7 children (15%) were allegedly sexually abused; 1 child (2%) allegedly experienced incest; 2 additional children's siblings (4%) allegedly experienced incest.
- 3 children (6%) were sexual offenders.
- 3 children ages 13+ (13%) were sexually active; 1 child was a parent.

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Appendix C

2002 Evaluation Results

Demographic Information

Parental Educational Attainment
Annual Household Income of Parents
Child's Living Situation Prior to Court Order
Who Filed Petition?
Was the Parent in State Custody as a Child?
If Provided Needed Services, Was State Custody Necessary?

Status of the Child/Family on Key Indicators

All Cases
Comparison by Age
Comparison by Race
Comparison by Gender
Comparison by Residence
Comparison by Adjudication
Negative Status Cases
Comparison by Year of Overall Status
Comparison by Year of All Status Indicators

Adequacy of the Service System Functions

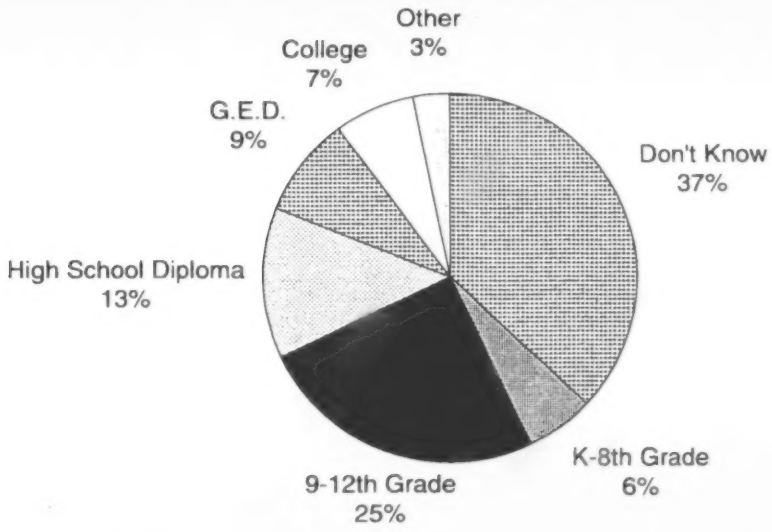
All Cases
Comparison by Age
Comparison by Race
Comparison by Gender
Comparison by Residence
Comparison by Adjudication
Negative System Cases
Negative Cases – Status of Child and Family
Comparison by Year of Overall System Adequacy
Comparison by Year of All System Indicators

Status and System Performance

Comparison by Year of Four-Cell Matrix

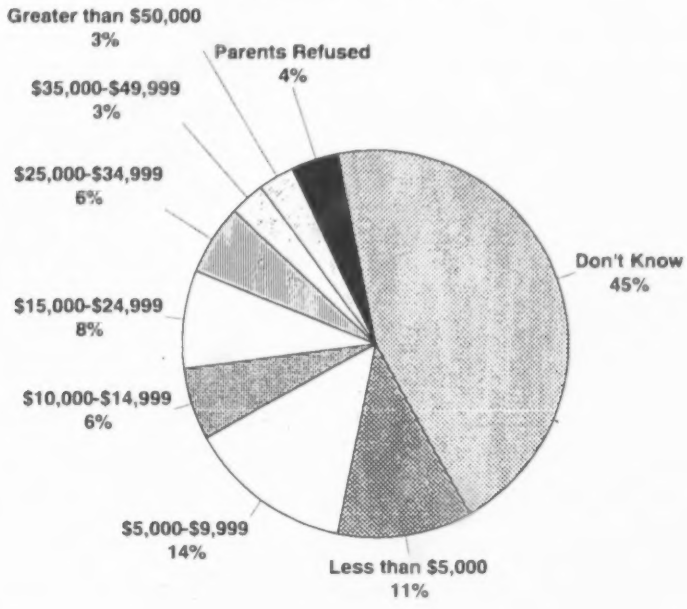
Parental Educational Attainment

Cases for 2002

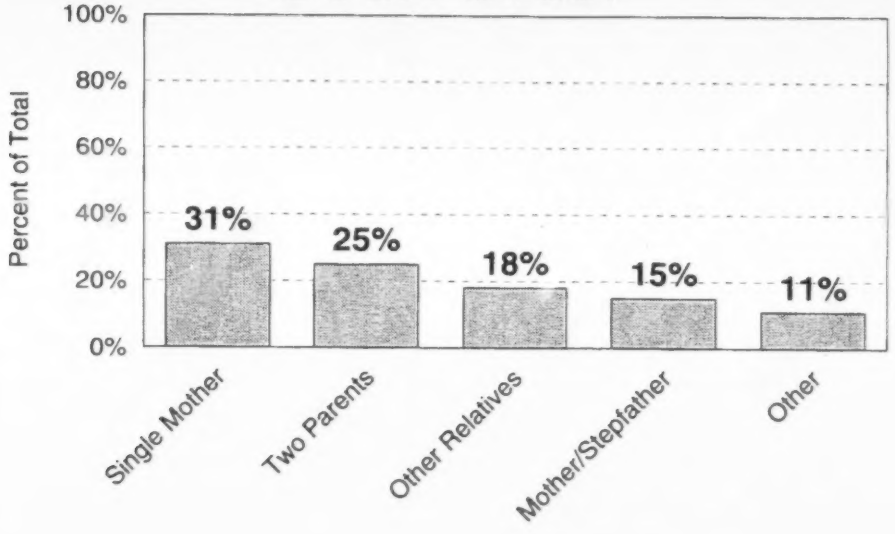


Annual Household Income of Parents

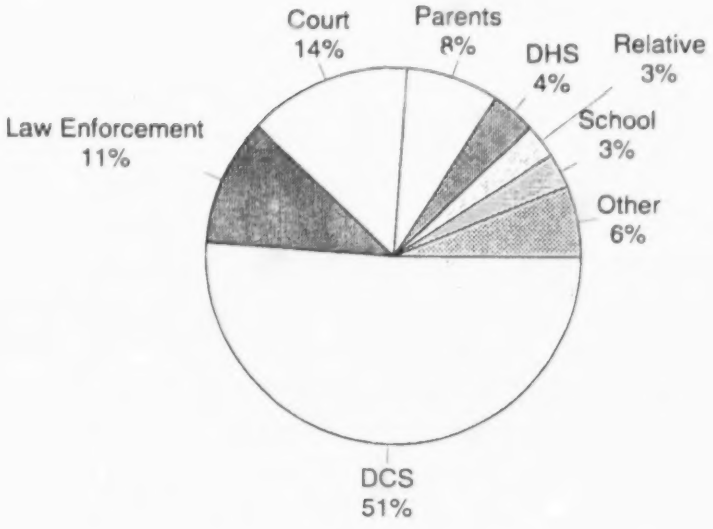
Cases for 2002



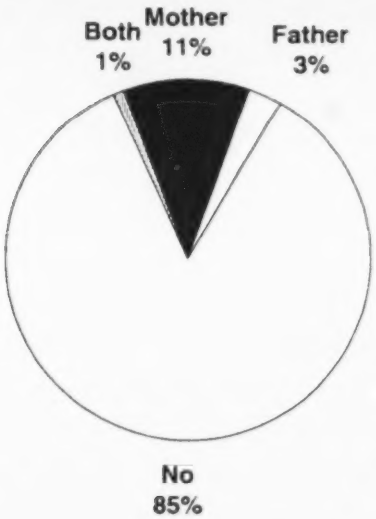
Child's Living Situation Prior to Court Order



Who Filed the Petition?



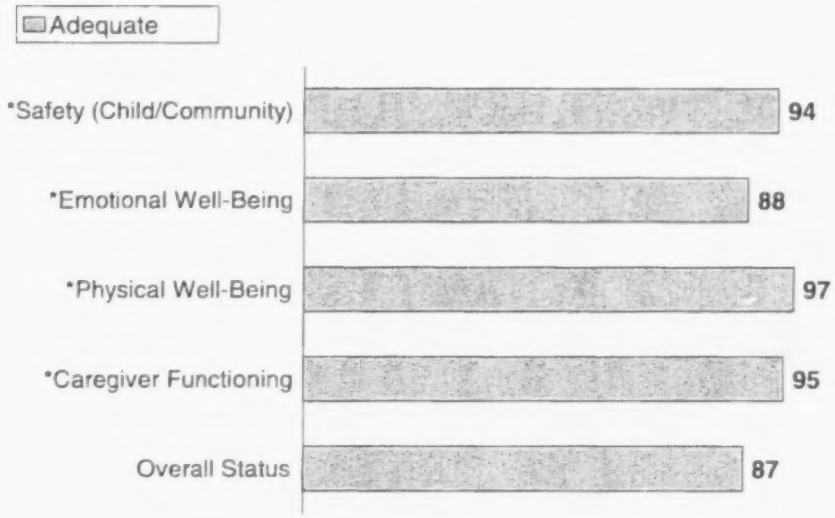
Was the Parent in State Custody as a Child?



If Provided Needed Services, Was State Custody Necessary?

Status of Child/Family on Key Indicators

All Cases

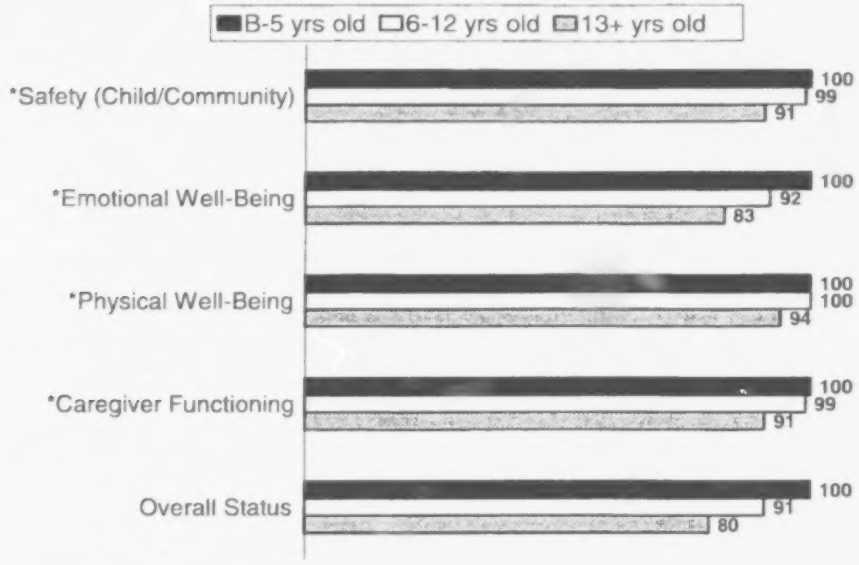


Status of Child/Family on Key Indicators

All Cases

Status of Child/Family on Key Indicators

Comparison By Age of the Child

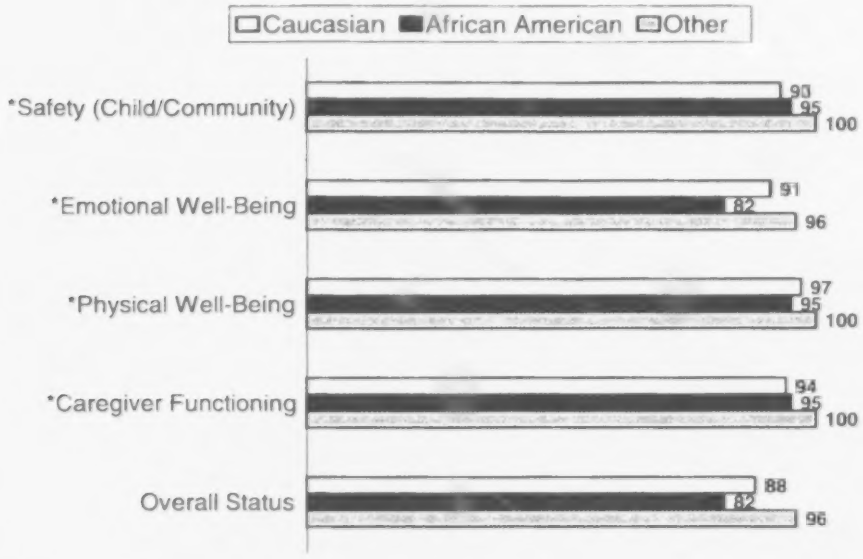


Status of Child/Family on Key Indicators

Comparison By Age of the Child

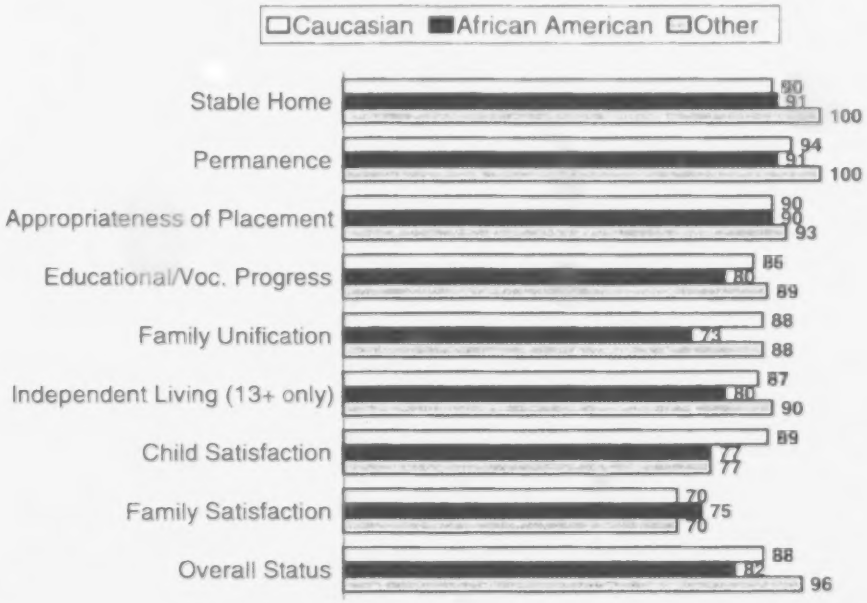
Status of Child/Family on Key Indicators

Comparison By Race of the Child



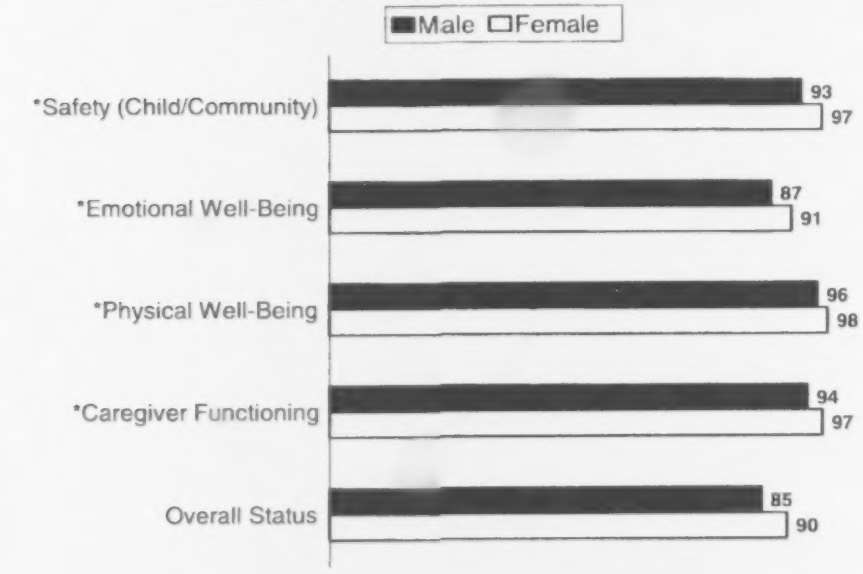
Status of Child/Family on Key Indicators

Comparison By Race of the Child



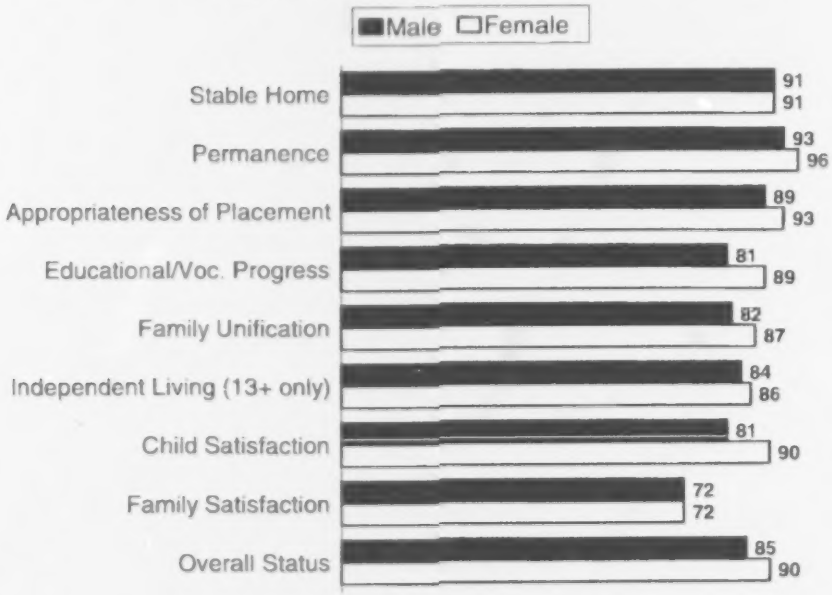
Status of Child/Family on Key Indicators

Comparison By Gender of the Child



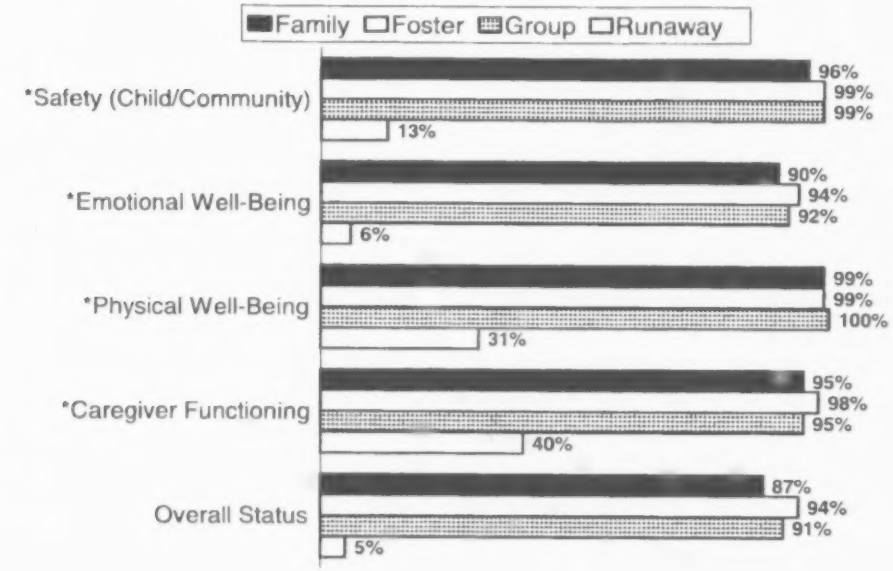
Status of Child/Family on Key Indicators

Comparison By Gender of the Child



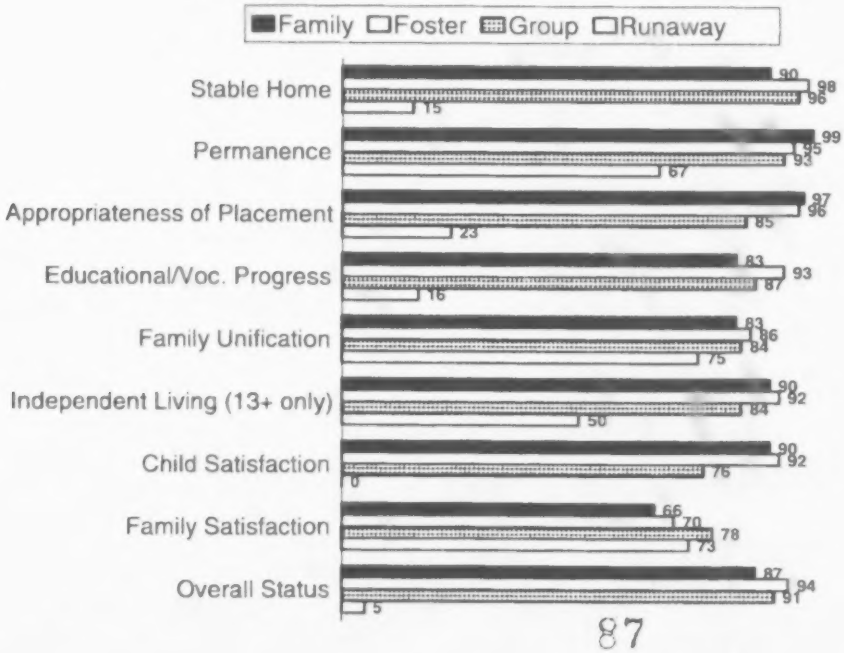
Status of Child/Family on Key Indicators

Comparison By Residence of the Child



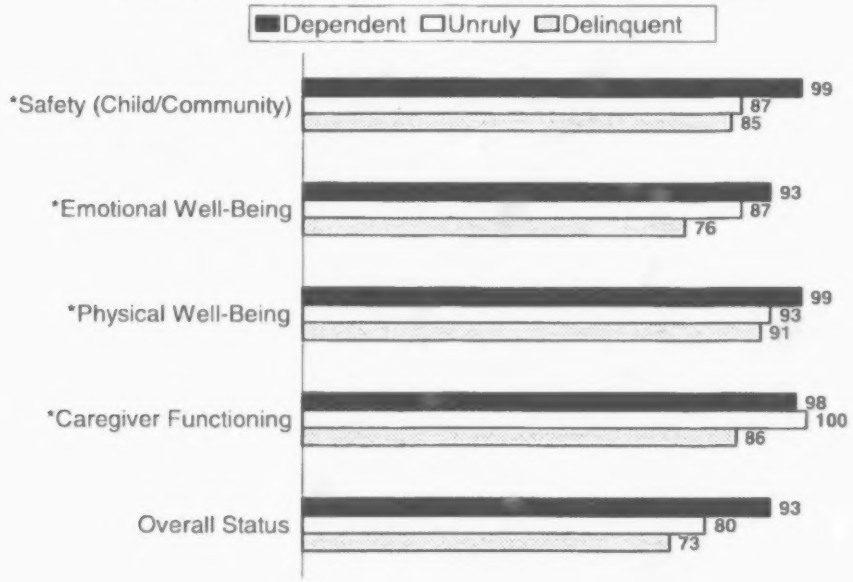
Status of Child/Family on Key Indicators

Comparison By Residence of the Child



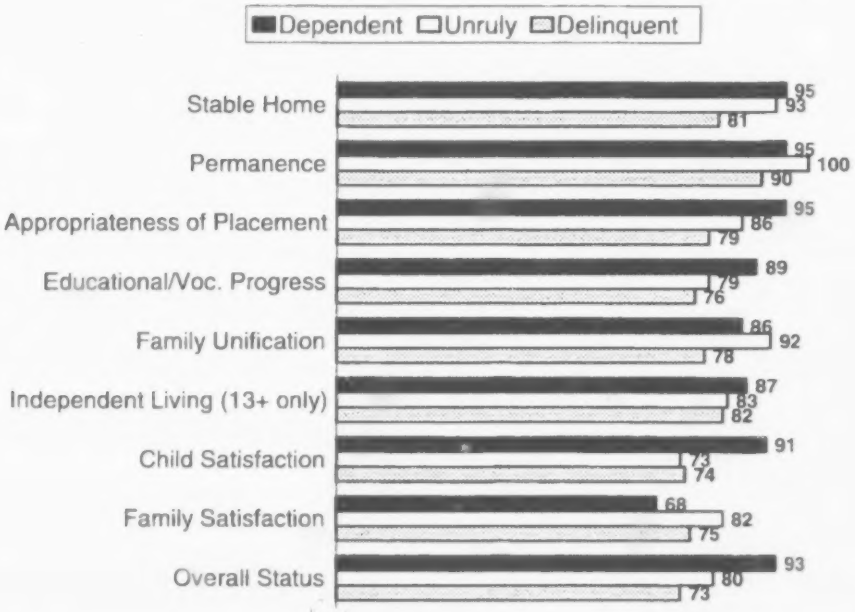
Status of Child/Family on Key Indicators

Comparison By Adjudication of the Child



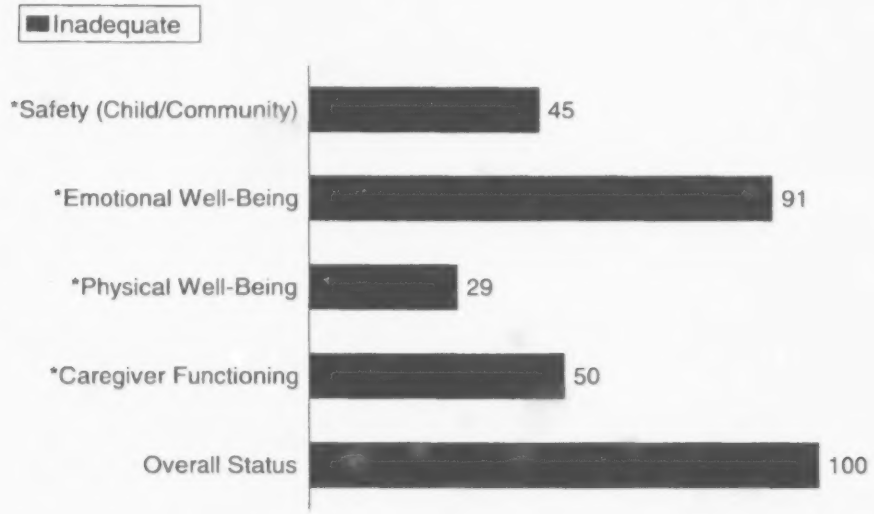
Status of Child/Family on Key Indicators

Comparison By Adjudication of the Child



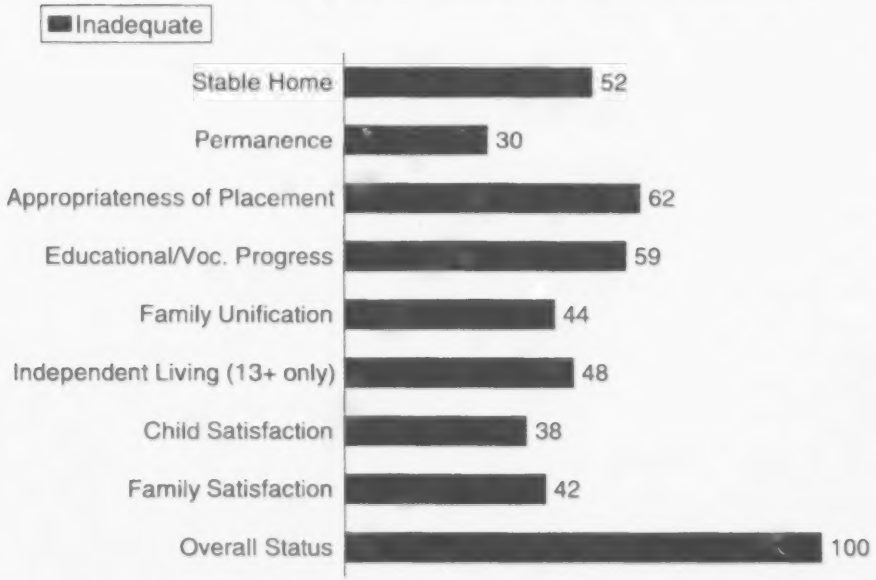
Status of Child/Family on Key Indicators

Of 13% Negative Status for Child/Family

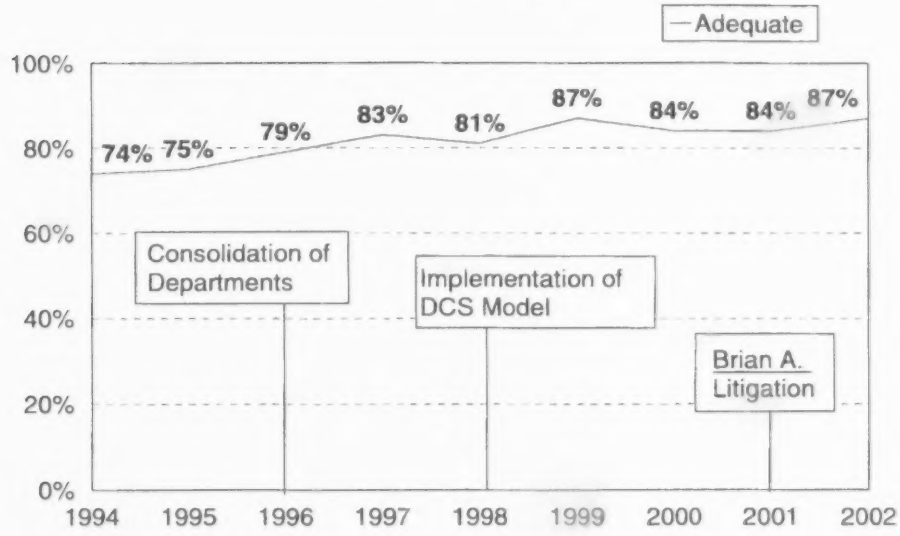


Status of Child/Family on Key Indicators

Of 13% Negative Status for Child/Family



Overall Status of the Child and Family

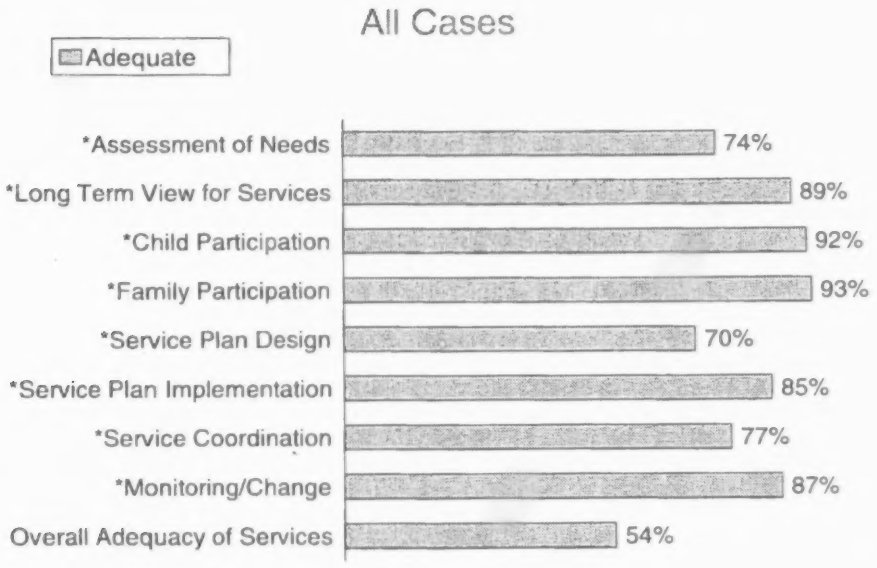


Statewide Indicators	1994 Statewide	1995 Statewide	1996 Statewide	1997 Statewide	1998 Statewide	1999 Statewide	2000 Statewide	2001 Statewide	2002 Statewide
Total cases reviewed	368	674	654	585	587	583	580	580	573
Total statewide cases	368	353	352	347	350	348	348	349	342
*Safety	91	93	92	93	95	95	93	93	94
*Emotional Well-being	78	78	82	84	85	90	88	87	88
*Physical Well-being	95	94	96	95	99	98	97	95	97
*Caregiver Functioning	90	92	91	94	94	96	93	94	95
Stability	83	83	85	89	89	93	90	88	91
Permanent Goal	80	83	87	84	82	89	88	91	94
Appropriateness of Placement	82	85	86	88	89	93	90	90	90
Educational/Vocational Progress	81	80	82	87	84	88	80	86	84
Family Unification	58	62	66	68	60	74	80	80	83
Independent Living (13+)	64	71	70	80	81	86	87	83	85
Child Satisfaction	58**	76	83	82	82	83	80	76	84
Family Satisfaction	58**	59	67	69	65	70	68	57	72
Overall Status	**74**	**75**	**79**	**83**	**81**	**87**	**84**	**84**	**87**

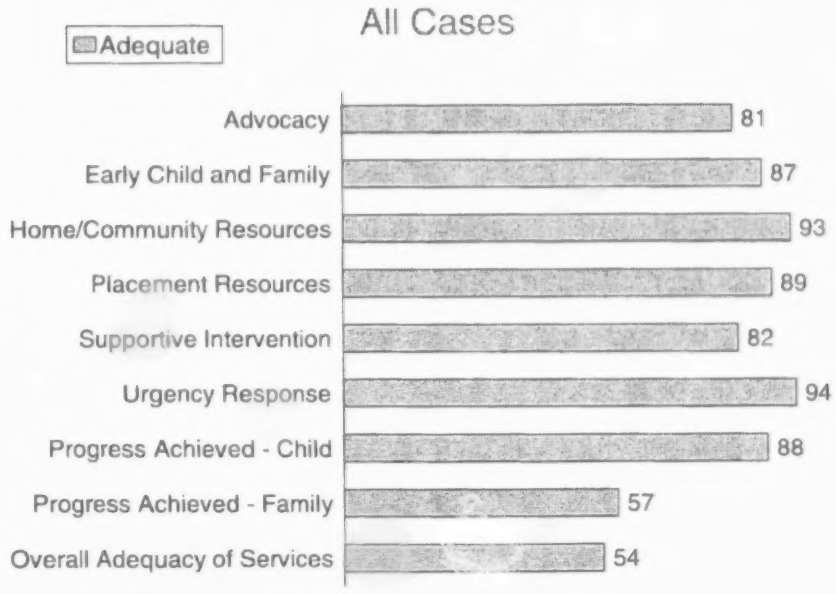
* Applicable starred items must be positive for overall adequate finding.

** Child and Family for both Participation and Progress Achieve were rated as a single indicator.

Adequacy Service System Functions on Key Indicators

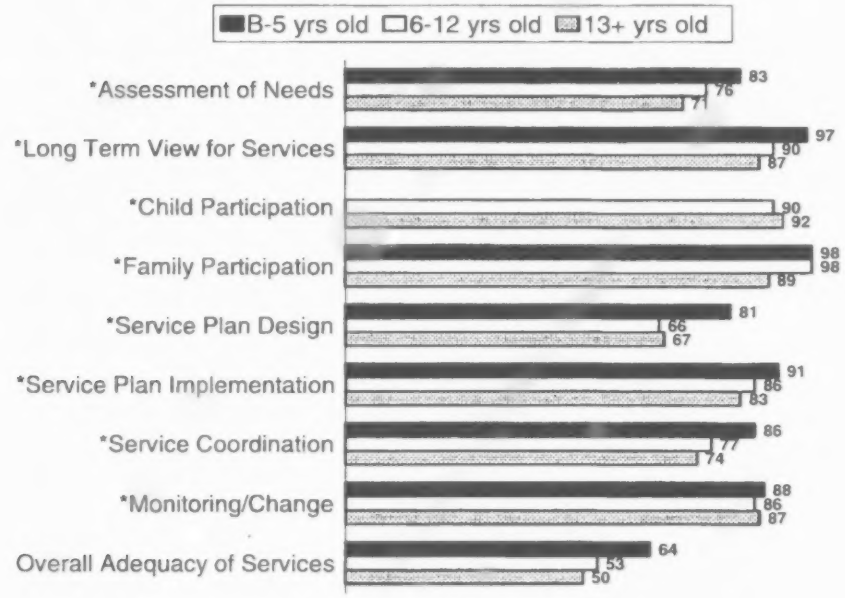


Adequacy Service System Functions on Key Indicators



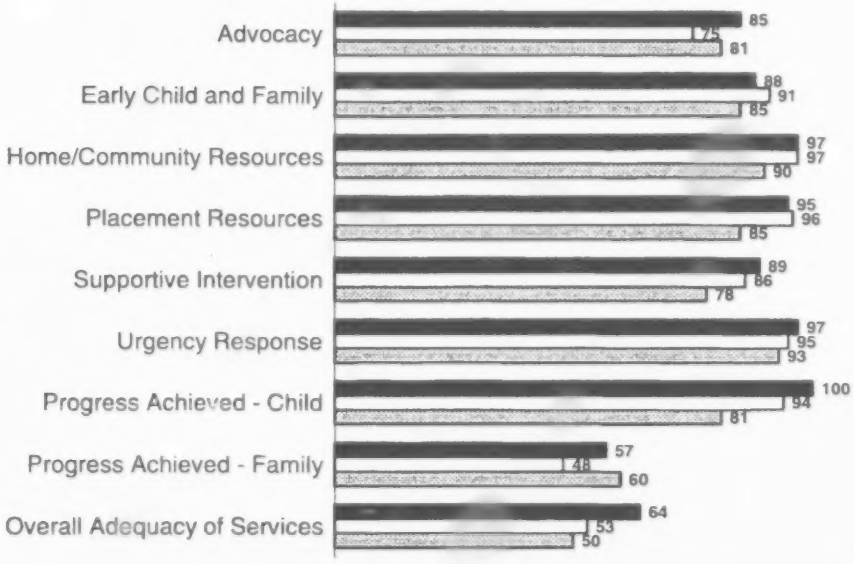
Adequacy Service System Functions on Key Indicators

Comparison By Age of the Child



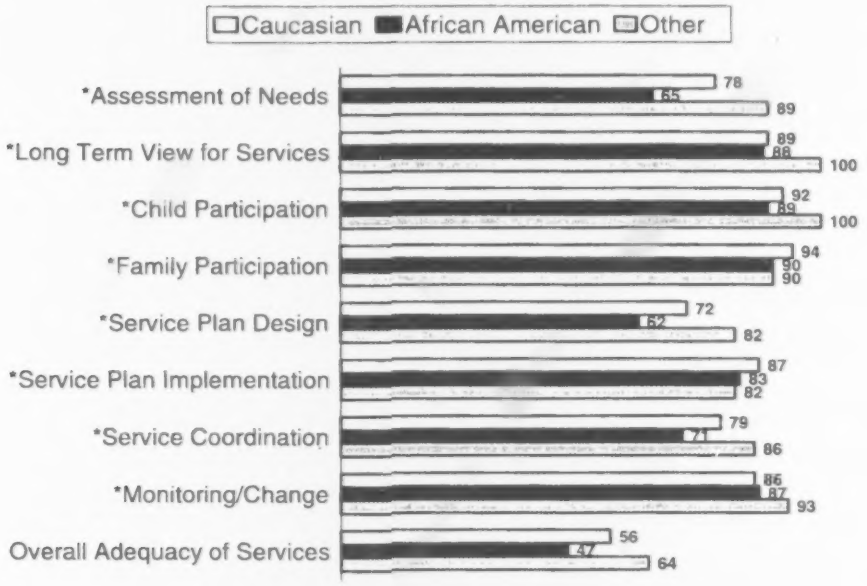
Adequacy Service System Functions on Key Indicators

Comparison By Age of the Child



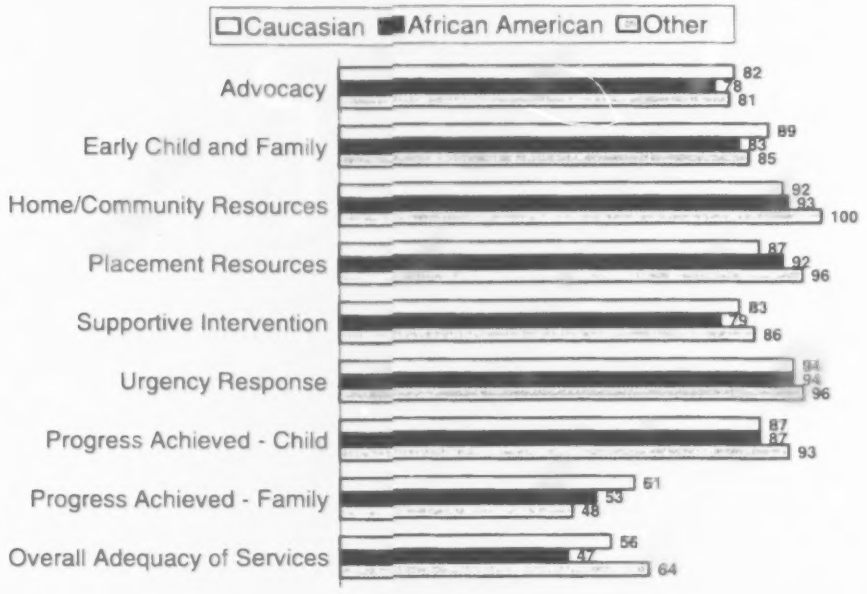
Adequacy Service System Functions on Key Indicators

Comparison By Race of the Child



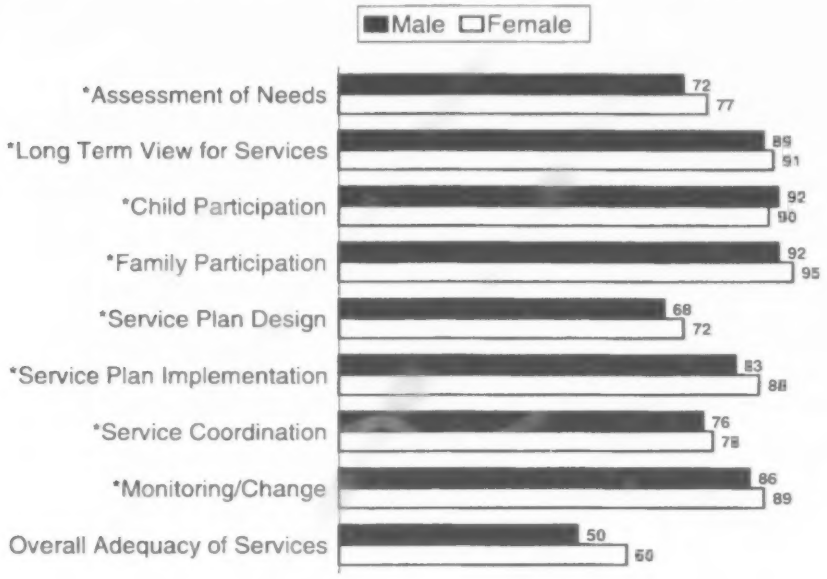
Adequacy Service System Functions on Key Indicators

Comparison By Race of the Child



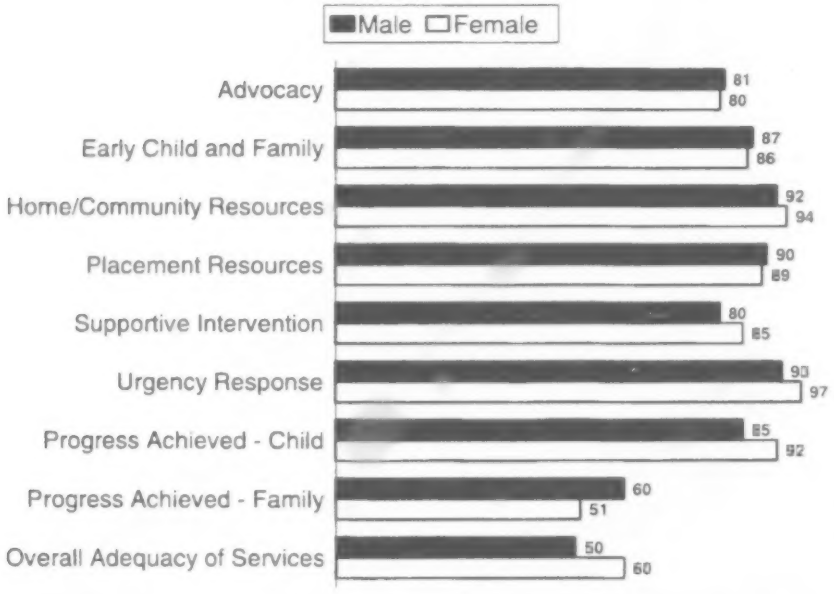
Adequacy Service System Functions on Key Indicators

Comparison By Gender of the Child



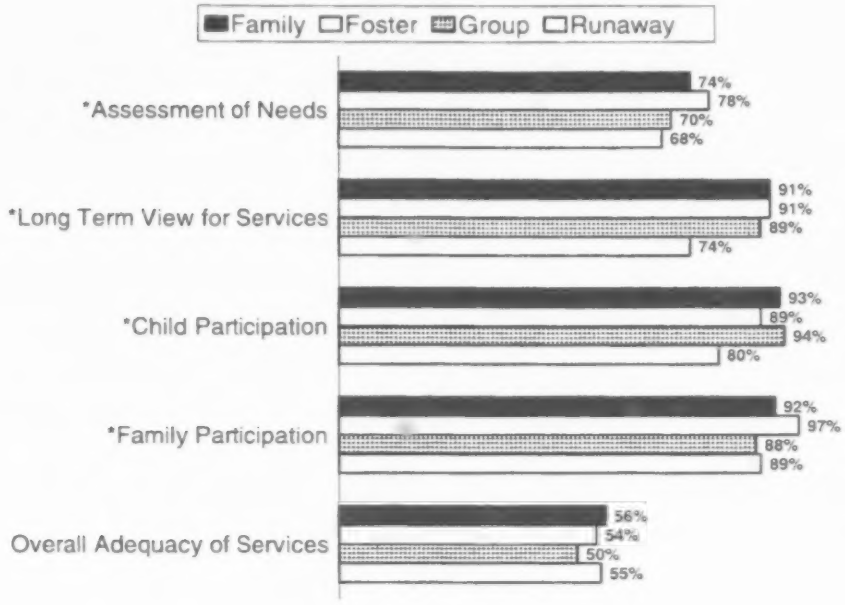
Adequacy Service System Functions on Key Indicators

Comparison By Gender of the Child



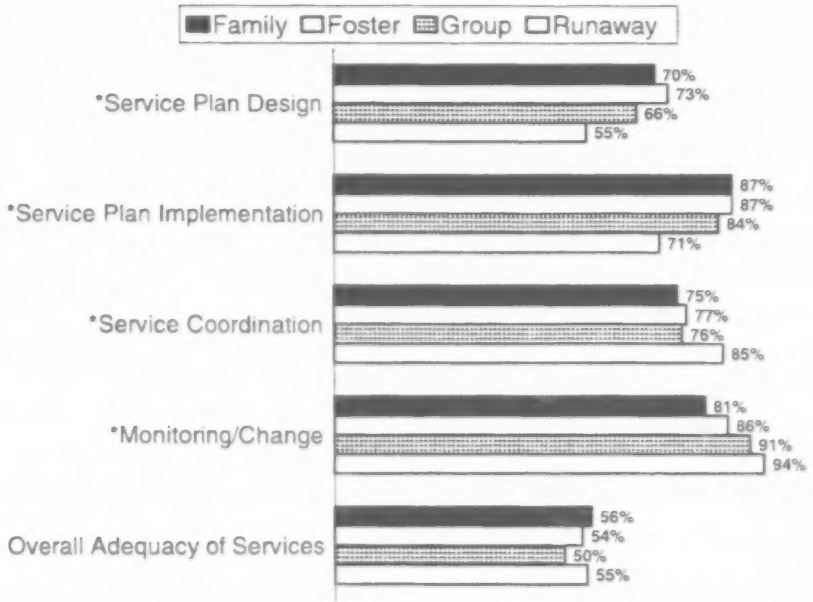
Adequacy Service System Functions on Key Indicators

Comparison By Residence of the Child



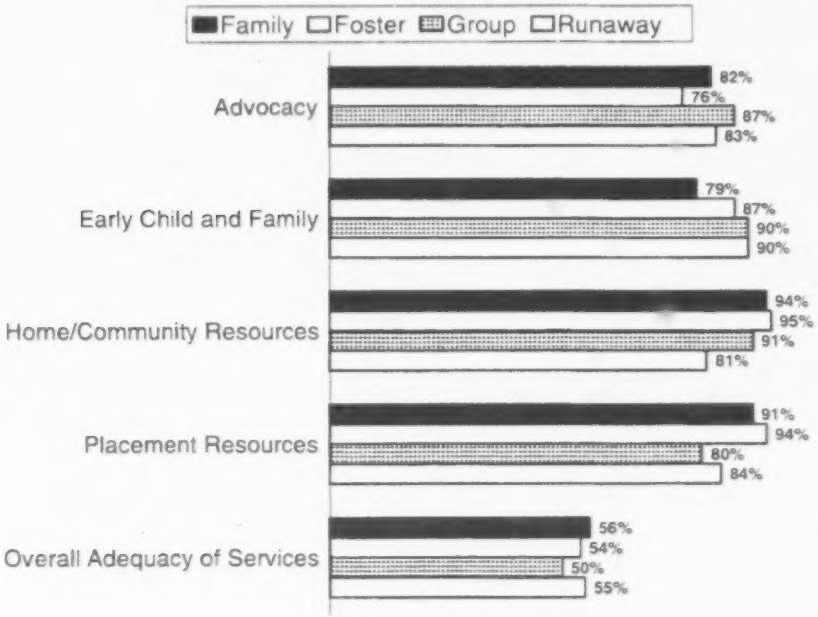
Adequacy Service System Functions on Key Indicators

Comparison By Residence of the Child



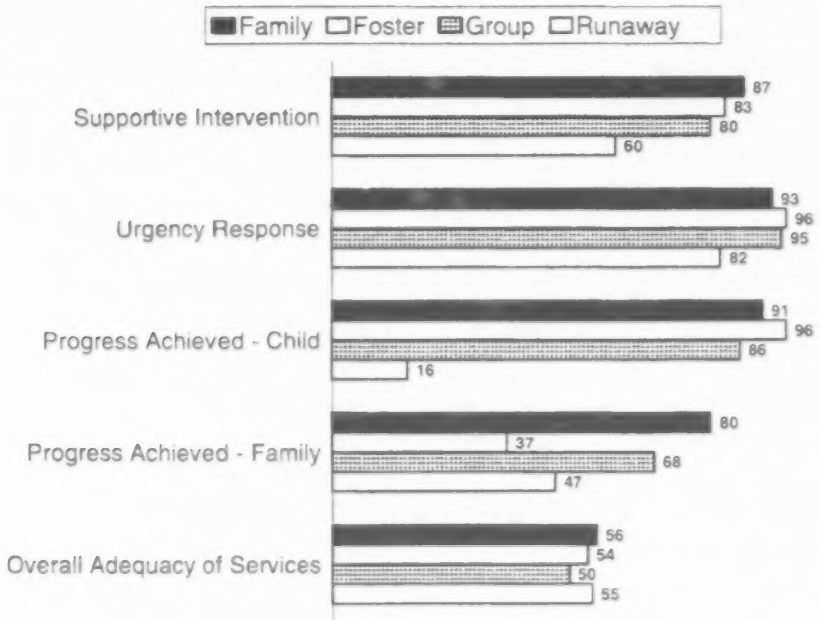
Adequacy Service System Functions on Key Indicators

Comparison By Residence of the Child



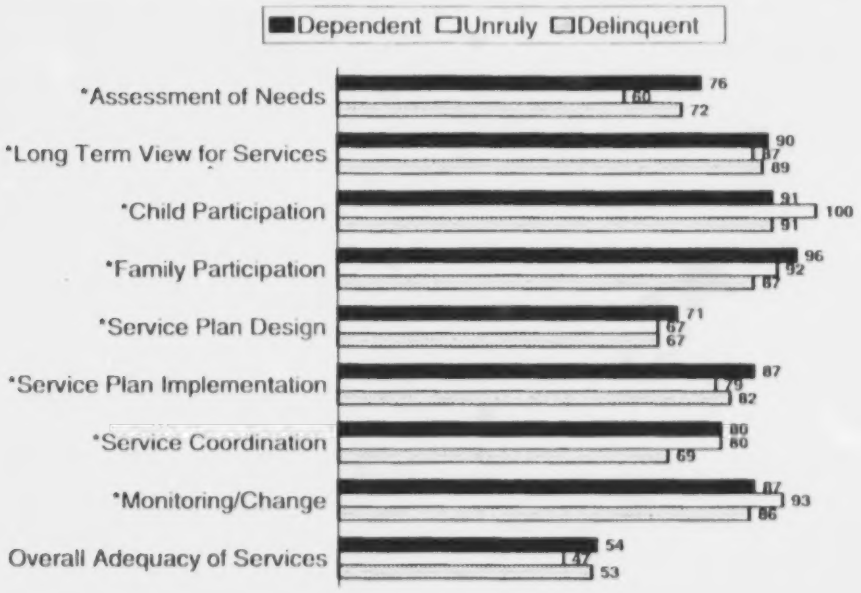
Adequacy Service System Functions on Key Indicators

Comparison By Residence of the Child



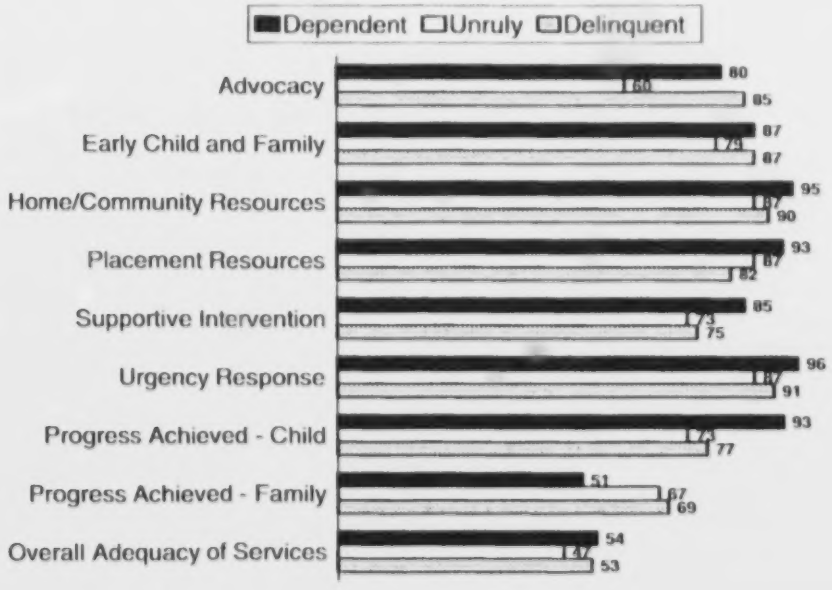
Adequacy Service System Functions on Key Indicators

Comparison By Adjudication of the Child



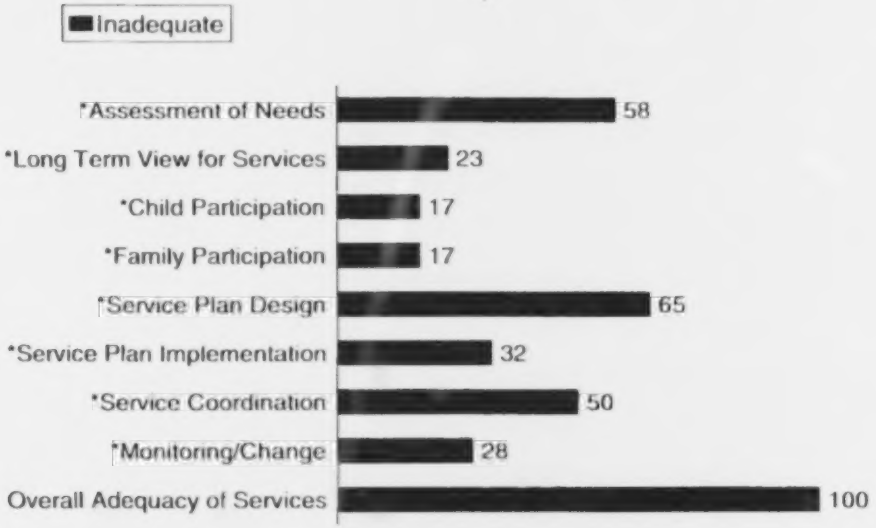
Adequacy Service System Functions on Key Indicators

Comparison By Adjudication of the Child



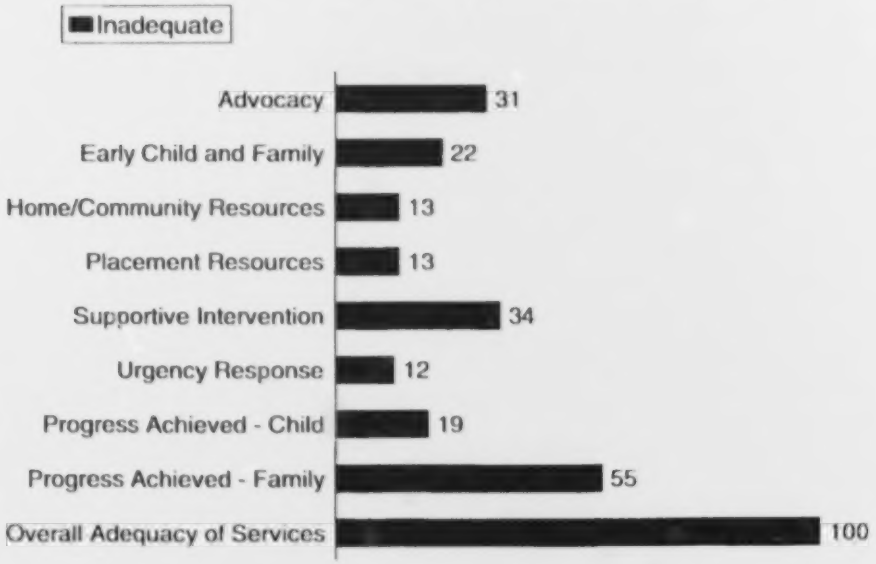
Adequacy Service System Functions on Key Indicators

Of 46% Inadequate System Inadequacy



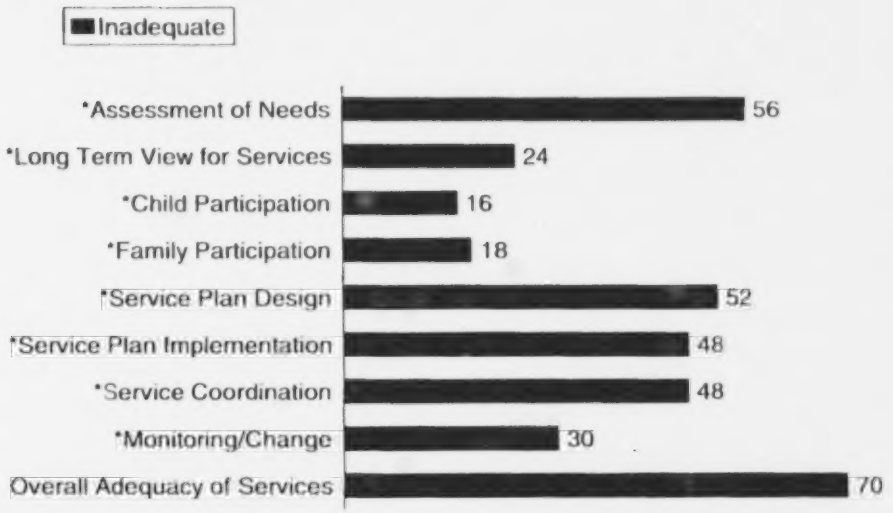
Adequacy Service System Functions on Key Indicators

Of 46% Inadequate System Inadequacy



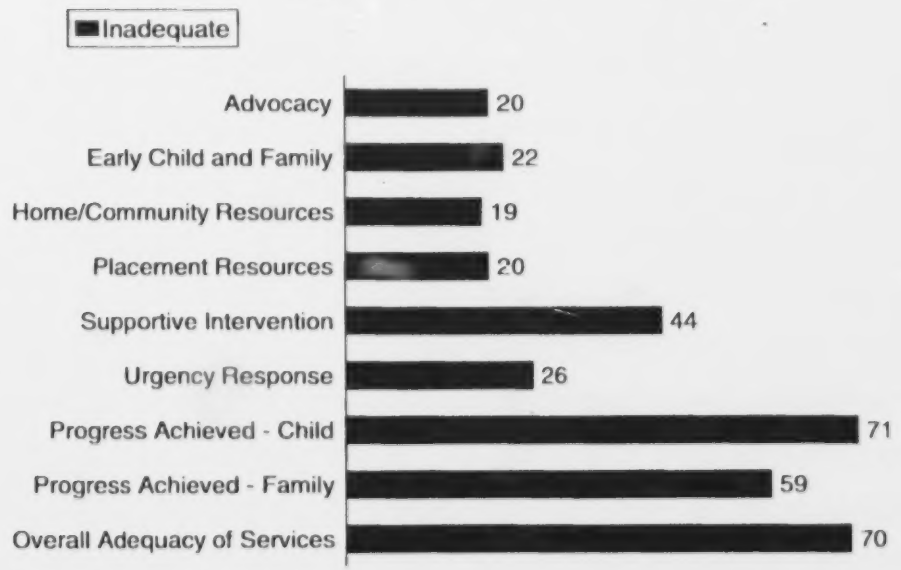
Adequacy Service System Functions on Key Indicators

Of 13% Negative Status for Child/Family

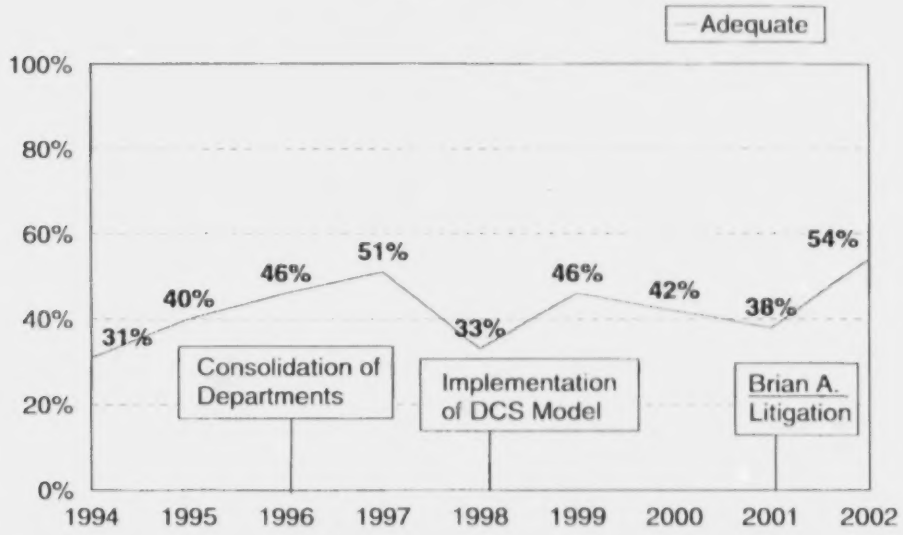


Adequacy Service System Functions on Key Indicators

Of 13% Negative Status for Child/Family



Overall Adequacy of Service System



Statewide Child/Family	1994 State-wide	1995 State-wide	1996 State-wide	1997 State-wide	1998 State-wide	1999 State-wide	2000 State-wide	2001 State-wide	2002 State-wide
Total cases reviewed		674	654	585	587	583	580	580	573
Total statewide cases	368	353	352	347	350	348	348	349	342
*Assessment of Needs	31	80	86	86	73	70	68	65	74
*Long Term View For Services	32	75	77	83	75	82	85	85	89
*Child Participation	75**	84	87	92	85	90	90	90	92
*Family Participation	75**	77	82	81	74	83	89	89	93
*Service Plan Design	64	63	71	72	48	63	63	58	70
*Service Plan Implementation	63	66	67	73	69	79	78	79	85
*Service Coordination	52	61	65	70	59	67	71	69	77
*Monitoring Change	52	61	66	72	60	74	80	84	87
Advocacy	63	69	70	69	71	77	72	78	81
Early Child and Family Intervention	61	64	71	75	74	80	84	86	87
Home/Community Resources	62	72	74	76	81	88	91	95	93
Placement Resources	77	83	83	85	88	92	89	88	89
Support, Intervention Toward Permanent Goal	55	64	65	72	64	76	76	81	82
Urgency Response	77	81	85	88	84	93	92	93	94
Progress Achieved - Child	80**	83	85	88	86	88	88	88	88
Progress Achieved - Family	80**	50	56	56	52	55	59	55	57
Overall Adequacy of Services	**31**	**40**	**46**	**51**	**33**	**46**	**42**	**38**	**54**

* Applicable starred items must be positive for overall adequate finding.

** Child and Family for both Participation and Progress Achieve were rated as a single indicator.

Status and System Performance

Comparison of Current Year vs. Previous Years Results

Overall Adequacy and Four-cell Matrix may be different due to Not Applicable scores and rounding

2002

Status of Child and family

Service System	Positive	Negative	
Adequate	50%	4%	**54%**
Inadequate	37%	9%	**46%**
	87%	**13%**	

2001

Status of Child and family

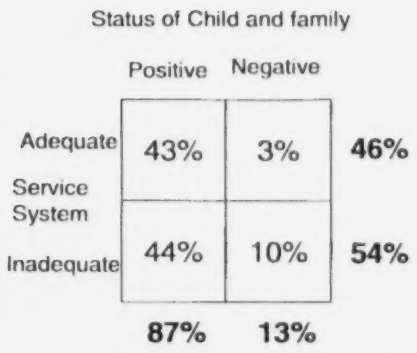
Service System	Positive	Negative	
Adequate	35%	4%	**39%**
Inadequate	49%	12%	**61%**
	84%	**16%**	

2000

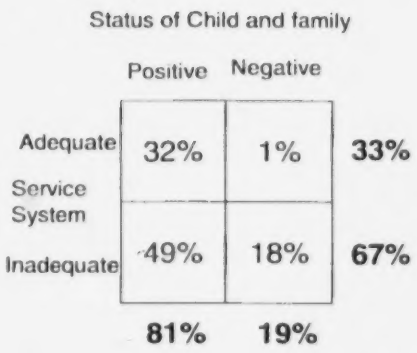
Status of Child and family

Service System	Positive	Negative	
Adequate	38%	4%	**42%**
Inadequate	46%	12%	**58%**
	84%	**16%**	

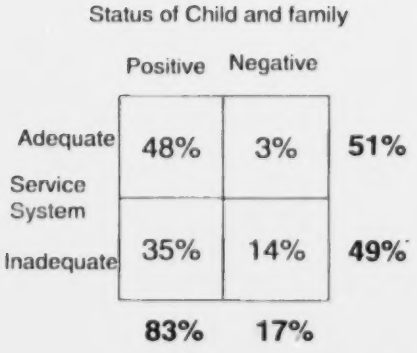
1999



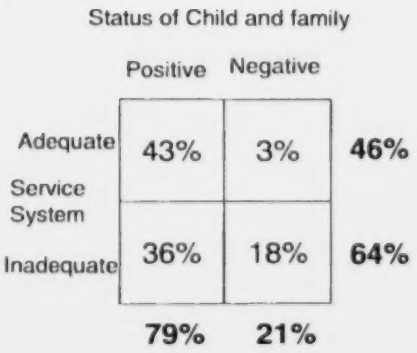
1998

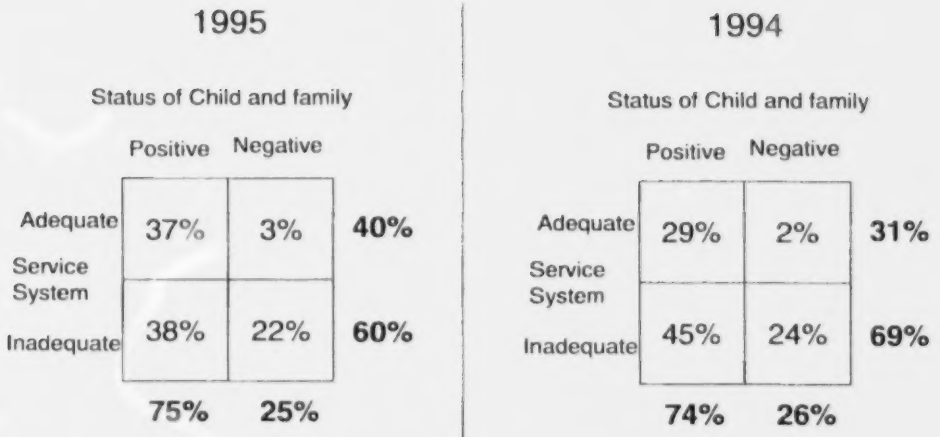


1997



1996




1995
Status of Child and family
Positive
Negative
Adequate
Service System
Inadequate
37%
3%
40%
38%
22%
60%
75%
25%
1994
Status of Child and family
Positive
Negative
Adequate
Service System
Inadequate
29%
2%
31%
45%
24%
69%
74%
26%

Appendix D

Critical Issues

Critical Issues – All Cases

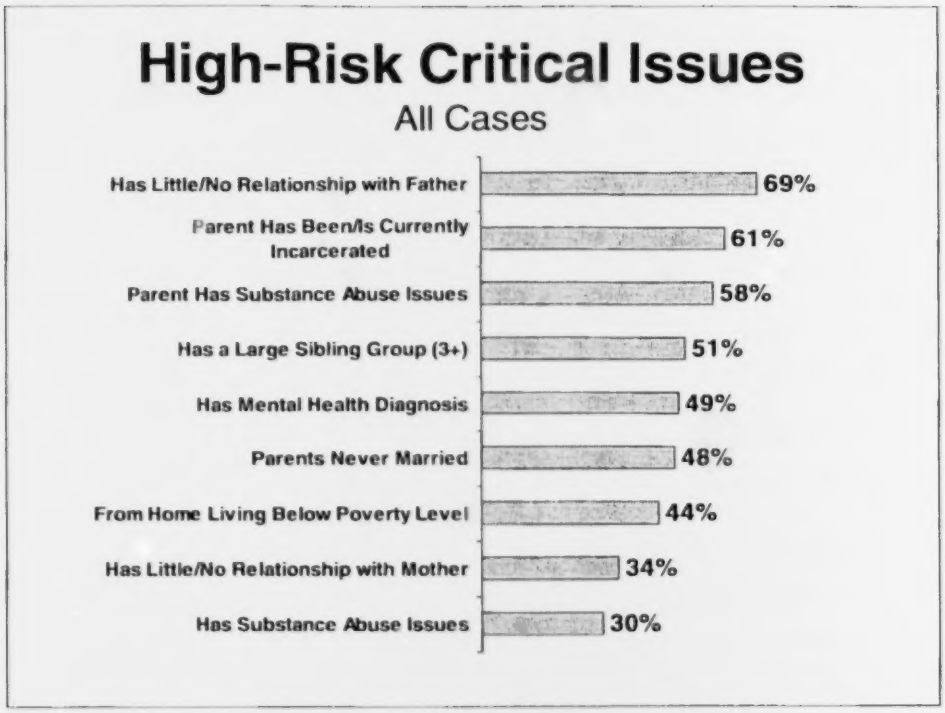
Critical Issues – By Age

Critical Issues – By Race

Critical Issues – By Gender

Critical Issues – By Residence

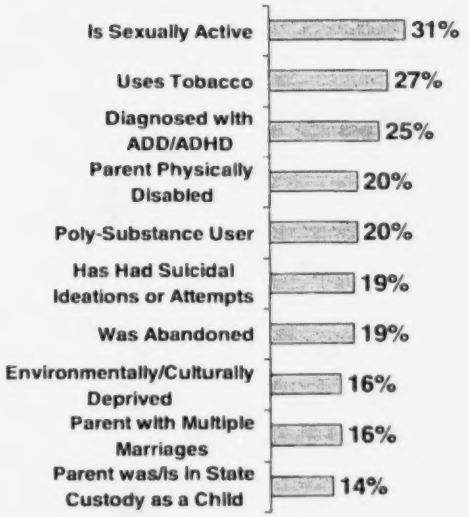
Critical Issues – By Adjudication


High-Risk Critical Issues
All Cases
Has Little/No Relationship with Father
69%
Parent Has Been/Is Currently Incarcerated
61%
Parent Has Substance Abuse Issues
58%
Has a Large Sibling Group (3+)
51%
Has Mental Health Diagnosis
49%
Parents Never Married
48%
From Home Living Below Poverty Level
44%
Has Little/No Relationship with Mother
34%
Has Substance Abuse Issues
30%

High-Risk Critical Issues
All Cases
Has Experienced Domestic Violence in the Home
29%
Allegedly Has Been Physically Abused
27%
Diagnosed with Learning Disability
25%
Allegedly Has Been Sexually Abused
25%
Parent Has Mental Health Diagnosis
24%
Family from High Crime Area
23%
Parent with Unknown Whereabouts
22%
Has Experienced Psychiatric Hospitalization
18%
Has Been Homeless
10%
Allegedly Has Had Gang Involvement
8%

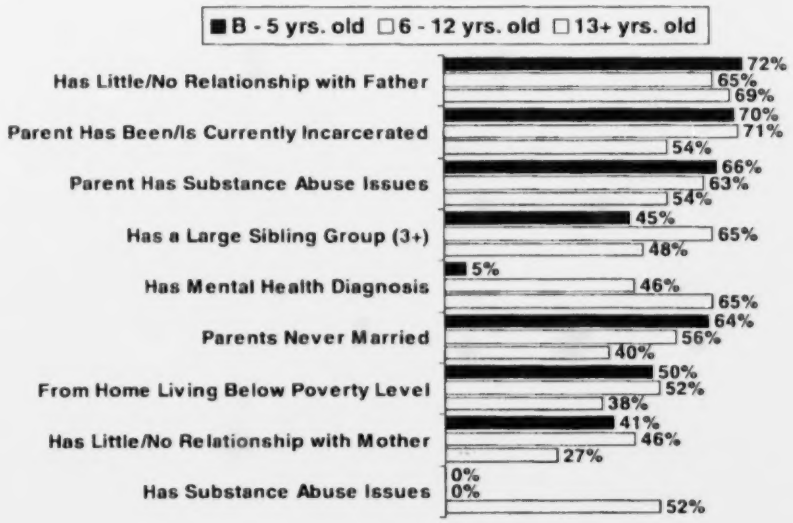
Other Critical Issues

All Cases



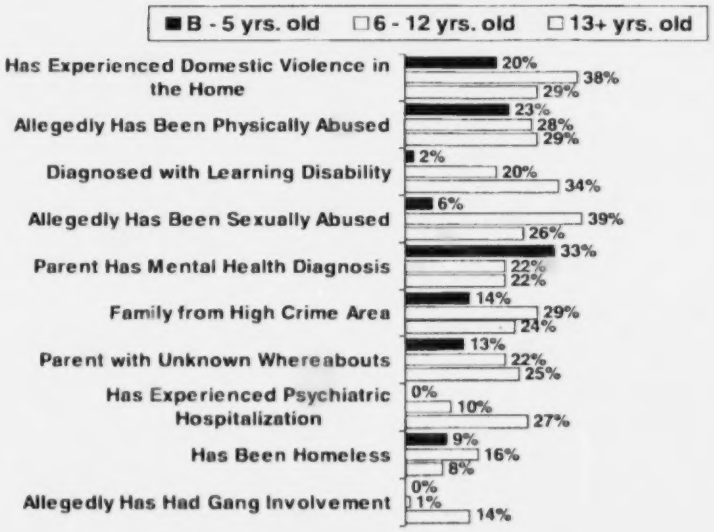
High-Risk Critical Issues

By Age



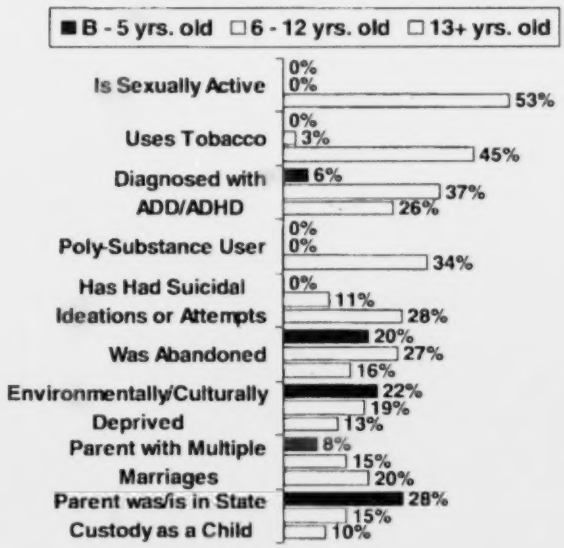
High-Risk Critical Issues

By Age



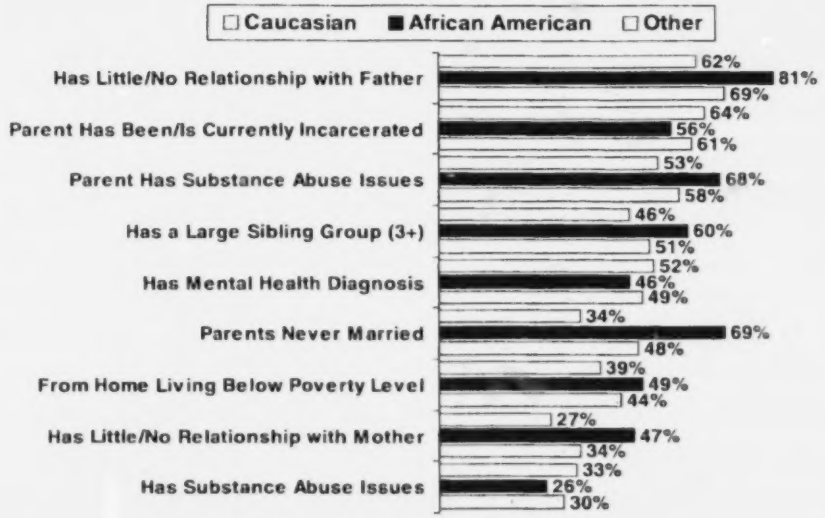
Other Critical Issues

By Age



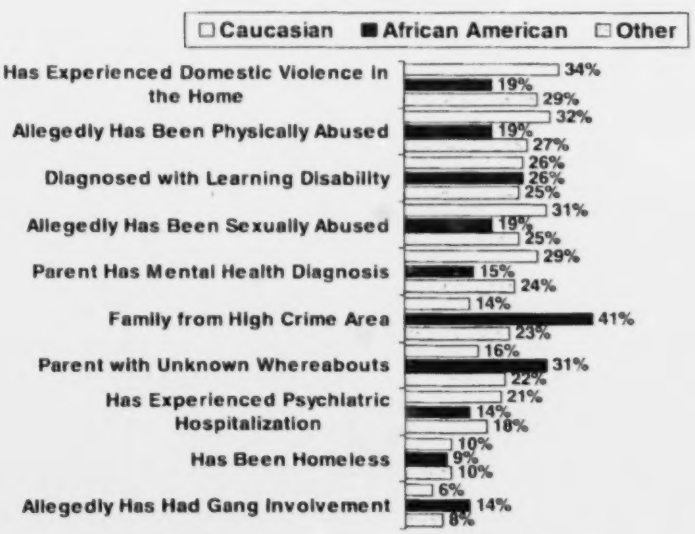
High-Risk Critical Issues

By Race



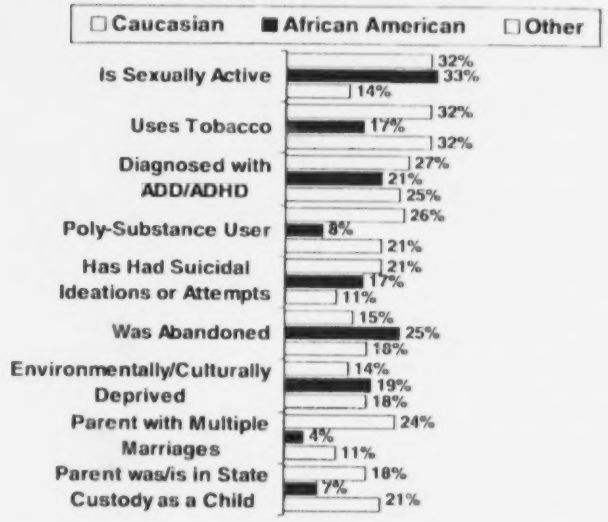
High-Risk Critical Issues

By Race



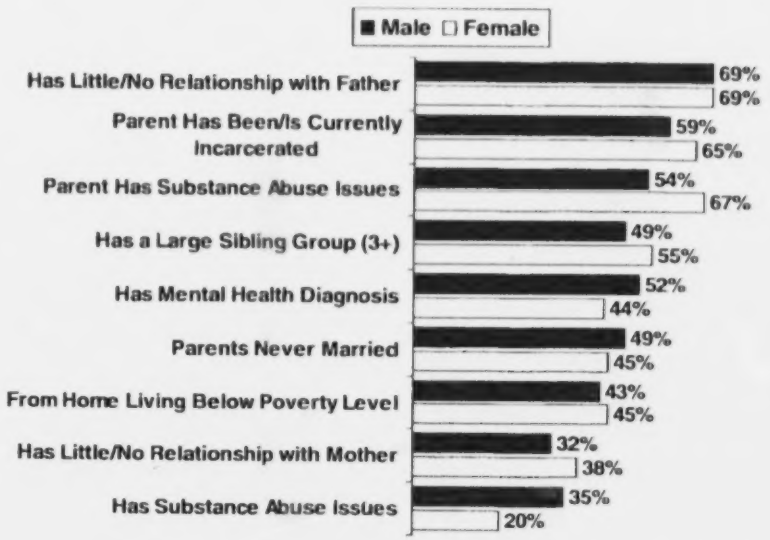
Other Critical Issues

By Race



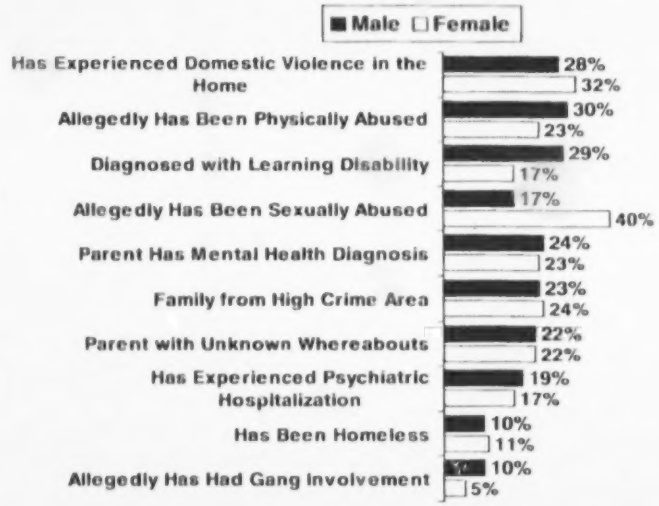
High-Risk Critical Issues

By Gender



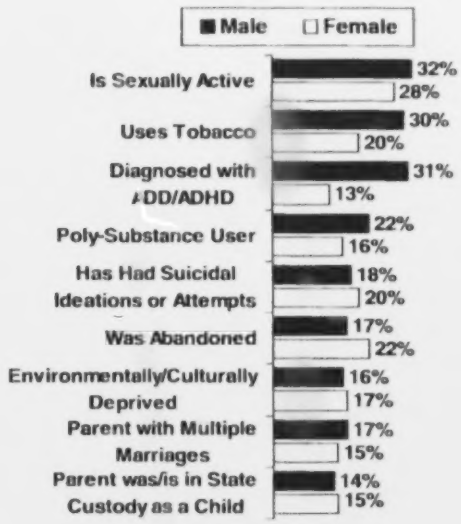
High-Risk Critical Issues

By Gender



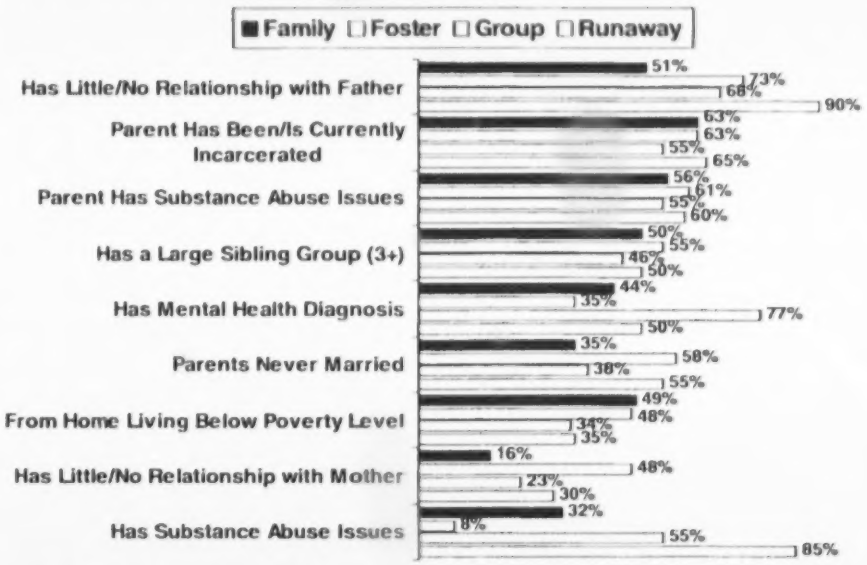
Other Critical Issues

By Gender



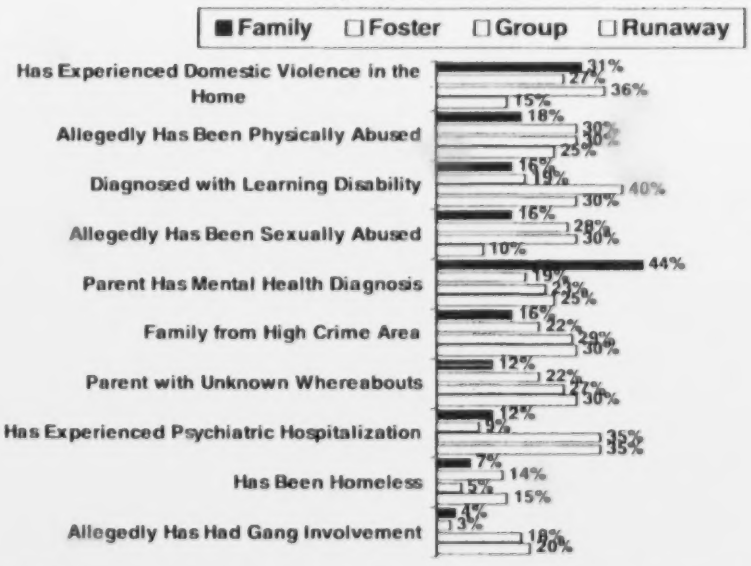
High-Risk Critical Issues

By Residence



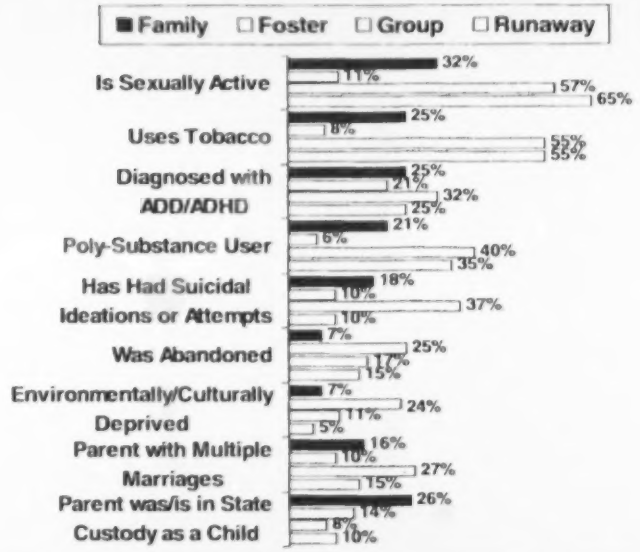
High-Risk Critical Issues

By Residence



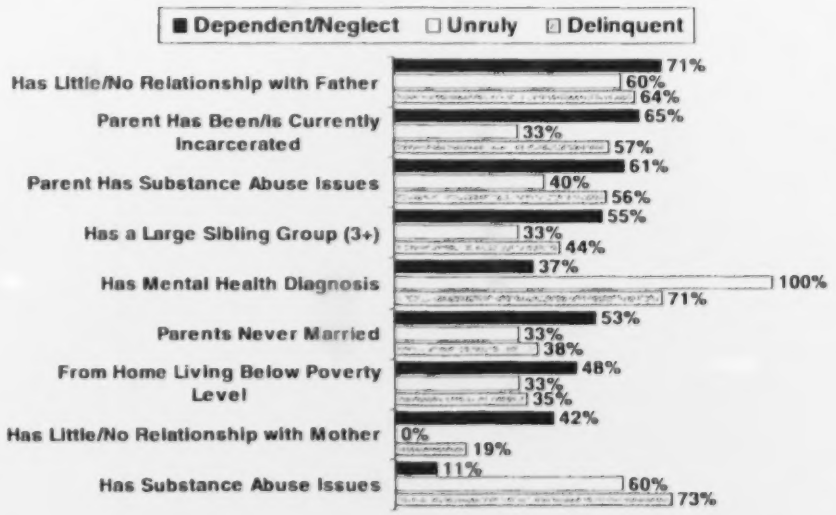
Other Critical Issues

By Residence



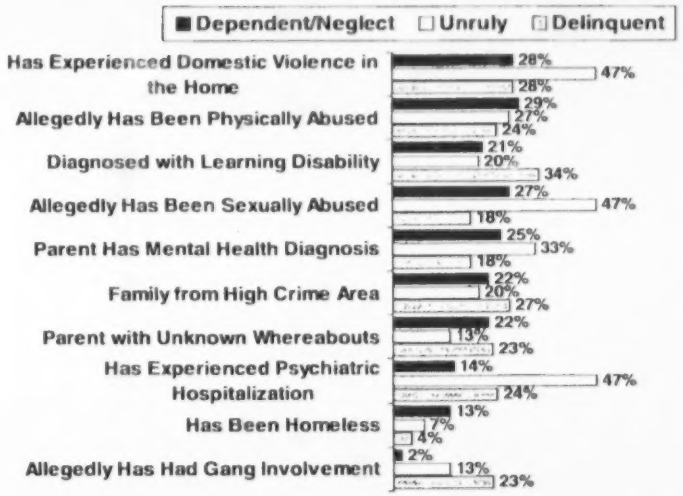
High-Risk Critical Issues

By Adjudication



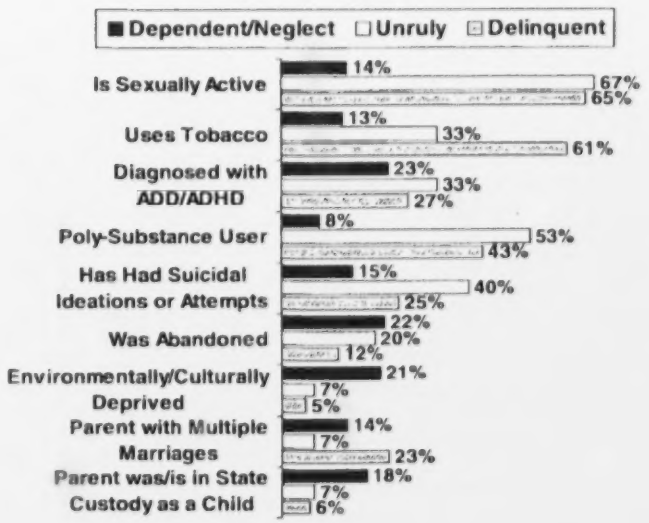
High-Risk Critical Issues

By Adjudication



Other Critical Issues

By Adjudication



Appendix E

System Component Performance

System Component Performance – Response Options

System Component Performance – Department of Children's Services

System Component Performance – Placement

System Component Performance – Parents

System Component Performance – Child

System Component Performance – Court

System Component Performance – School

System Component Performance

Reviewers responded to questions regarding responsibilities of the following system components:

Custodial Department	Court
Placement	School System
Parent	Child

Response options and corresponding points given were:

Yes	-	100
Somewhat	-	50
No	-	0
N/A	-	Not included in average

Points were averaged for the scores presented.
*** It should be noted that the scores are NOT percentages.**

Did Department of Children's Services...

	01	*02*
Know the child and family and their needs?	*78*	*85*
Work to keep/get the child out of custody if appropriate?	*76*	*81*
If custody was necessary, work to get a family or friend placement, if appropriate?	*83*	*84*
Collect all necessary information to assess the child in a timely manner?	*71*	*78*
Develop a most recent Permanency Plan that sufficiently addressed the child's & family's needs?	*64*	*72*
Develop a Permanency Plan that contained clear objectives?	*65*	*74*

Did Department of Children's Services...	01	02
Work with the placement to avoid disruption?	79	85
Work with the child (& family, if applicable) to achieve permanent goal in a timely manner?	69	79
Monitor change, progress, problems and keep the family, child, and court apprised?	72	82
Cooperate with all involved parties to accomplish goals in a timely manner?	73	82
Provide appropriate legal and other assistance necessary to move the child out of state custody in a timely manner?	73	73
Total Average	73	79

Did the Placement...	01	02
Meet the child's physical needs?	96	99
Meet the child's emotional needs?	94	93
Provide the services that are identified in the Permanency Plan for implementation by the placement agency, or provide written notification that they are not capable of providing identified services?	95	95
Work with the child toward obtaining the Permanent Goal or stepping down in a timely manner?	94	89
Work with the parents/Permanent Goal if appr.?	87	95
Cooperate with all involved parties to accomplish goals in a timely manner?	94	95
Total Average	93	94

Did the Parent(s)...

	01	02
Provide reasonable financial support for the child based on available resources if ordered to do so?	38	36
Provide informal support (money, clothing, etc.), based on available resources, even if no support ordered?	51	46
Visit with the child?	69	66
Assist the child in returning/remaining home or in obtaining the permanent goal?	54	53
Make efforts to achieve the outcomes identified in the Permanency Plan in a timely manner?	53	51
Cooperate with all involved parties to accomplish goals in a timely manner?	53	53
Total Average	54	52

Did the Child...

	01	02
Cooperate with the placement in order to avoid a disruption?	82	83
Work toward the Permanent Goal?	81	84
Make efforts to achieve the outcomes identified in the Permanency Plan in a timely manner?	81	83
Achieve progress in treatment?	82	80
Achieve progress (based on ability) in school or a vocation?	79	77
Total Average	81	81

Did the Court...	01	02
Make efforts to keep the child out of state custody, if reasonable to do so?	85	84
Order a non-custodial assessment, if appropriate or make a referral for other prevention services other than a non-custodial?	43	51
Act in a timely manner?	91	93
Order reasonable financial support for the child based on available resources?	44	50
Review the child in foster care review board every 6 months, if applicable?	90	91
Keep records or track this child while in custody?	82	86
Facilitate release of the child from state custody, when appropriate, in a timely manner?	69	75

Did the School...	01	02
Intervene at earliest indication of problems?	87	84
If appropriate, identify problem behaviors and set up behavior modification plans to address them?	84	83
Obtain special evaluations when indicated?	87	89
Convene M-Team for child if indicated?	89	87
Reevaluate every 3 years for recertification, if applicable?	90	86
Include parent(s) in planning?	79	79
Provide special services when indicated?	90	87
Make efforts to keep the child actively involved in and attending school?	92	90
Total Average	87	86

Appendix F

Data by Region

Statewide Demographics – Nine Year Comparison

Indicators by Demographics

Demographics by Region

Indicators on Child/Family by Region

Indicators on Service System by Region

Statewide Critical Issues – Nine Year Comparison

Critical Issues by Region

Statewide Demographics Nine Year Comparison

	1994 State wide	1995 State wide	1996 State wide	1997 State wide	1998 State wide	1999 State wide	2000 State wide	2001 State wide	2002 State wide
Total cases reviewed	368	674	654	587	587	583	580	580	573
State Cases	368	353	352	347	350	348	348	349	343
AGE									
Age B-5 yrs.	17%	16%	23%	21%	18%	21%	13%	23%	19%
Age 6-12 yrs.	18%	24%	21%	22%	24%	24%	27%	20%	23%
Age 13-17 yrs.	65%	60%	56%	50%	50%	46%	52%	49%	51%
Age 18+ yrs.*	-	-	-	7%	8%	9%	8%	8%	7%
Race									
Caucasian	72%	58%	60%	57%	52%	58%	59%	55%	57%
African American	25%	34%	35%	38%	41%	35%	34%	36%	35%
Other	3%	8%	5%	5%	7%	7%	7%	9%	8%
Gender									
Male	58%	54%	57%	59%	58%	53%	60%	55%	65%
Female	42%	46%	43%	41%	42%	47%	40%	45%	35%
PLACEMENT									
Family	20%	19%	26%	22%	22%	25%	26%	21%	20%
Foster	34%	43%	40%	43%	43%	46%	40%	40%	41%
Group	39%	32%	29%	25%	30%	23%	27%	28%	27%
Runaway	7%	6%	5%	10%	5%	6%	7%	7%	6%
Kinship**	-	-	-	-	-	-	-	4%	6%
ADJUDICATION									
Dependent/Neglect	57%	68%	68%	65%	68%	72%	68%	72%	68%
Unruly	21%	15%	12%	12%	9%	5%	8%	7%	4%
Delinquent	22%	17%	21%	23%	23%	23%	24%	21%	28%

* If not provided for the year, then included in the 'Age 13-17 yrs.' category.

** If not provided for the year, then Kinship is included within the 'Foster' category.

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Indicators by Demographics

Status Indicators by Demographics	Age: B-5	Age: 6-12	Age: 13+	Race: Cauc.	Race: Afr. Am.	Race: Other	Gender: Male	Gender: Female
Percent of Sample	19%	23%	58%	57%	35%	8%	65%	35%
*Safety	100%	99%	91%	93%	95%	100%	93%	97%
*Emotional Well-being	100%	92%	83%	91%	82%	96%	87%	91%
*Physical Well-being	100%	100%	94%	97%	95%	100%	96%	98%
*Caregiver Functioning	100%	99%	91%	94%	95%	100%	94%	97%
Stability	100%	97%	85%	90%	91%	100%	91%	91%
Permanent Goal	100%	99%	90%	94%	91%	100%	93%	96%
Appropriate Placement	100%	95%	85%	90%	90%	93%	89%	93%
Ed/Voc Progress	100%	89%	81%	86%	80%	89%	81%	89%
Family Unification	84%	93%	81%	88%	73%	88%	82%	87%
Independent Living (13+)	-	-	85%	87%	80%	90%	84%	86%
Child Satisfaction	-	96%	80%	89%	77%	77%	81%	90%
Family Satisfaction	58%	79%	74%	70%	75%	70%	72%	72%
Overall Status	100%	91%	80%	88%	82%	96%	85%	90%
System Indicators by Demographics	**Age: B-5**	**Age: 6-12**	**Age: 13+**	**Race: Cauc.**	**Race: Afr. Am.**	**Race: Other**	**Gender: Male**	**Gender: Female**
Percent of Sample	19%	23%	58%	57%	35%	8%	65%	35%
*Assessment of Needs	83%	76%	71%	78%	65%	89%	72%	77%
*Long Term View For Services	97%	90%	87%	89%	88%	100%	89%	91%
*Child Participation	-	90%	92%	92%	89%	100%	92%	90%
*Family Participation	98%	98%	89%	94%	90%	90%	92%	95%
*Service Plan Design	81%	66%	67%	72%	62%	82%	68%	72%
*Service Plan Implementation	91%	86%	83%	87%	83%	82%	83%	88%
*Service Coordination	86%	77%	74%	79%	71%	86%	76%	78%
*Monitoring Change	88%	86%	87%	86%	87%	93%	86%	89%
Advocacy	85%	75%	81%	82%	78%	81%	81%	80%
Early Child and Family Intervention	88%	91%	85%	89%	83%	85%	87%	86%
Hom/Comm Resources	97%	97%	90%	92%	93%	100%	92%	94%
Placement Resources	95%	96%	85%	87%	92%	96%	90%	89%
Support. Intervention toward Permanent Goal	89%	86%	78%	83%	79%	86%	80%	85%
Urgency Response	97%	95%	93%	94%	94%	96%	93%	97%
Progress Child	100%	94%	81%	87%	87%	93%	85%	92%
Progress Family	57%	48%	60%	61%	53%	48%	60%	51%
Overall Adequacy of Services	**64%**	**53%**	**50%**	**56%**	**47%**	**64%**	**50%**	**60%**

* Applicable starred items must be positive for overall adequate finding.

Indicators by Demographics

Status Indicators by Demographics	Residence: Family	Residence: Foster	Residence: Group	Residence: Runaway	Adjudication: Dependent	Adjudication: Unruly	Adjudication: Delinquent
Percent of Sample	20%	47%	27%	6%	68%	4%	28%
*Safety	96%	99%	99%	13%	99%	87%	85%
*Emotional Well-being	90%	94%	92%	6%	93%	87%	76%
*Physical Well-being	99%	99%	100%	30%	99%	93%	91%
*Caregiver Functioning	95%	98%	95%	40%	98%	100%	86%
Stability	90%	98%	96%	15%	95%	93%	81%
Permanent Goal	99%	95%	93%	67%	95%	100%	90%
Appropriate Placement	97%	96%	85%	23%	95%	86%	79%
Ed/Voc Progress	83%	93%	87%	16%	89%	79%	76%
Family Unification	83%	86%	84%	75%	86%	92%	78%
Independent Living (13+)	90%	92%	84%	50%	87%	83%	82%
Child Satisfaction	90%	92%	76%	0%	91%	73%	74%
Family Satisfaction	66%	70%	78%	73%	68%	82%	75%
Overall Status	87%	94%	91%	5%	93%	80%	73%

System Indicators by Demographics	Residence: Family	Residence: Foster	Residence: Group	Residence: Runaway	Adjudication: Dependent	Adjudication: Unruly	Adjudication: Delinquent
Percent of Sample	20%	47%	27%	6%	68%	4%	28%
*Assessment of Needs	74%	78%	70%	68%	76%	60%	72%
*Long Term View For Services	91%	91%	89%	74%	90%	87%	89%
*Child Participation	93%	89%	94%	80%	91%	100%	91%
*Family Participation	92%	97%	88%	89%	96%	93%	87%
*Service Plan Design	70%	73%	66%	55%	71%	67%	67%
*Service Plan Implementation	87%	86%	84%	71%	87%	79%	82%
*Service Coordination	75%	77%	76%	85%	80%	80%	69%
*Monitoring Change	81%	86%	91%	94%	87%	93%	86%
Advocacy	82%	76%	87%	83%	80%	60%	85%
Early Child and Family Intervention	79%	87%	90%	90%	87%	79%	87%
Hom/Comm Resources	94%	94%	91%	81%	95%	87%	90%
Placement Resources	91%	94%	80%	84%	93%	87%	82%
Support. Intervention toward Permanent Goal	87%	83%	80%	60%	85%	73%	75%
Urgency Response	93%	96%	95%	82%	96%	87%	91%
Progress Child	91%	96%	86%	16%	93%	73%	77%
Progress Family	80%	37%	68%	47%	51%	67%	69%
Overall Adequacy of Services	**56%**	**54%**	**50%**	**55%**	**54%**	**47%**	**53%**

* Applicable starred items must be positive for overall adequate finding.

Demographics by Region

Davidson County Demographics	1995 DA	1996 DA	1997 DA	1998 DA	1999 DA	2000 DA	2001 DA	2002 DA
Total cases reviewed	48	48	49	49	49	49	49	49
AGE								
Age B-5 yrs.	13%	8%	22%	14%	22%	6%	20%	21%
Age 6-12 yrs.	17%	25%	18%	12%	12%	18%	24%	18%
Age 13+ yrs.	71%	67%	59%	73%	66%	76%	56%	51%
PLACEMENT								
Family	23%	25%	20%	20%	33%	33%	14%	12%
Foster	27%	21%	45%	39%	36%	20%	39%	39%
Group	42%	50%	31%	37%	29%	47%	31%	18%
Runaway	8%	4%	4%	4%	2%	0%	10%	0%
Kinship	-	-	-	-	-	-	6%	12%
ADJUDICATION								
Dependent/Neglect	69%	74%	71%	55%	73%	51%	69%	69%
Unruly	12%	4%	4%	6%	0%	2%	4%	4%
Delinquent	19%	25%	24%	39%	27%	47%	27%	27%
East Tennessee Demographics	**1995 ET**	**1996 ET**	**1997 ET**	**1998 ET**	**1999 ET**	**2000 ET**	**2001 ET**	**2002 ET**
Total cases reviewed	94	49	49	49	49	49	49	49
AGE								
Age B-5 yrs.	14%	23%	10%	14%	16%	14%	14%	20%
Age 6-12 yrs.	18%	14%	8%	25%	20%	16%	20%	23%
Age 13+ yrs.	68%	63%	82%	61%	64%	70%	66%	57%
PLACEMENT								
Family	22%	27%	18%	22%	18%	34%	25%	25%
Foster	40%	35%	31%	41%	43%	31%	49%	51%
Group	33%	31%	41%	35%	29%	29%	16%	16%
Runaway	5%	7%	10%	2%	10%	6%	10%	6%
Kinship	-	-	-	-	-	-	0%	2%
ADJUDICATION								
Dependent/Neglect	59%	53%	43%	59%	59%	61%	59%	65%
Unruly	24%	20%	20%	10%	10%	4%	14%	10%
Delinquent	17%	27%	37%	31%	31%	35%	27%	25%
Hamilton County Demographics	**1995 HM**	**1996 HM**	**1997 HM**	**1998 HM**	**1999 HM**	**2000 HM**	**2001 HM**	**2002 HM**
Total cases reviewed	48	48	48	48	47	48	47	47
AGE								
Age B-5 yrs.	21%	19%	21%	23%	17%	17%	15%	28%
Age 6-12 yrs.	21%	23%	21%	17%	17%	21%	32%	32%
Age 13+ yrs.	58%	58%	58%	60%	66%	62%	53%	40%
PLACEMENT								
Family	29%	25%	31%	21%	17%	10%	21%	24%
Foster	35%	38%	29%	27%	32%	31%	38%	40%
Group	33%	27%	38%	37%	38%	40%	32%	24%
Runaway	2%	10%	2%	15%	13%	19%	7%	6%
Kinship	-	-	-	-	-	-	2%	6%
ADJUDICATION								
Dependent/Neglect	60%	54%	67%	63%	64%	74%	81%	83%
Unruly	10%	17%	2%	8%	6%	13%	2%	2%
Delinquent	30%	29%	31%	29%	30%	13%	17%	15%

Knox County Demographics	1995 KN	1996 KN	1997 KN	1998 KN	1999 KN	2000 KN	2001 KN	2002 KN
Total cases reviewed	48	48	47	48	47	47	47	47
AGE								
Age B-5 yrs.	29%	19%	19%	29%	32%	15%	28%	17%
Age 6-12 yrs.	23%	25%	28%	19%	28%	21%	13%	17%
Age 13+ yrs.	48%	56%	53%	52%	40%	64%	59%	66%
PLACEMENT								
Family	27%	21%	21%	19%	15%	6%	21%	21%
Foster	34%	37%	47%	42%	51%	43%	37%	34%
Group	33%	42%	28%	39%	30%	45%	36%	28%
Runaway	6%	0%	4%	0%	4%	6%	4%	11%
Kinship	-	-	-	-	-	-	2%	6%
ADJUDICATION								
Dependent/Neglect	79%	75%	81%	79%	83%	79%	77%	77%
Unruly	2%	2%	2%	2%	2%	4%	0%	0%
Delinquent	19%	23%	17%	19%	15%	17%	23%	23%
Mid Cumberland Demographics	**1995 MC**	**1996 MC**	**1997 MC**	**1998 MC**	**1999 MC**	**2000 MC**	**2001 MC**	**2002 MC**
Total cases reviewed	94	49	49	49	49	49	49	49
AGE								
Age B-5 yrs.	18%	20%	16%	14%	16%	18%	2%	18%
Age 6-12 yrs.	25%	12%	18%	16%	22%	14%	10%	14%
Age 13+ yrs.	57%	67%	65%	69%	62%	68%	70%	68%
PLACEMENT								
Family	27%	33%	16%	24%	22%	33%	24%	24%
Foster	39%	30%	55%	39%	56%	45%	29%	33%
Group	28%	33%	27%	31%	18%	16%	35%	33%
Runaway	6%	4%	2%	6%	4%	6%	8%	4%
Kinship	-	-	-	-	-	-	4%	6%
ADJUDICATION								
Dependent/Neglect	58%	53%	63%	63%	65%	55%	61%	65%
Unruly	28%	14%	18%	14%	8%	29%	10%	4%
Delinquent	14%	33%	18%	22%	27%	16%	29%	31%
Northeast Demographics	**1995 NE**	**1996 NE**	**1997 NE**	**1998 NE**	**1999 NE**	**2000 NE**	**2001 NE**	**2002 NE**
Total cases reviewed	48	48	49	48	48	48	48	47
AGE								
Age B-5 yrs.	21%	10%	8%	21%	23%	10%	21%	9%
Age 6-12 yrs.	15%	25%	27%	19%	31%	27%	17%	17%
Age 13+ yrs.	65%	65%	65%	60%	46%	63%	62%	74%
PLACEMENT								
Family	23%	25%	22%	29%	27%	19%	8%	19%
Foster	42%	42%	37%	33%	46%	48%	48%	32%
Group	27%	23%	27%	27%	19%	25%	31%	45%
Runaway	8%	10%	14%	10%	8%	8%	11%	2%
Kinship	-	-	-	-	-	-	2%	2%
ADJUDICATION								
Dependent/Neglect	54%	58%	57%	67%	71%	61%	64%	55%
Unruly	21%	15%	14%	10%	2%	6%	15%	11%
Delinquent	25%	27%	29%	23%	27%	33%	21%	34%

Northwest Demographics	1995 NW	1996 NW	1997 NW	1998 NW	1999 NW	2000 NW	2001 NW	2002 NW
Total cases reviewed	45	46	45	45	45	45	44	44
AGE								
Age B-5 yrs.	11%	20%	16%	20%	16%	7%	16%	18%
Age 6-12 yrs.	22%	9%	20%	20%	22%	4%	16%	18%
Age 13+ yrs.	67%	72%	64%	60%	62%	89%	68%	64%
PLACEMENT								
Family	18%	26%	17%	13%	18%	24%	32%	27%
Foster	42%	35%	61%	42%	46%	22%	36%	50%
Group	33%	39%	19%	38%	36%	45%	32%	21%
Runaway	7%	0%	3%	7%	0%	9%	0%	0%
Kinship	-	-	-	-	-	-	0%	2%
ADJUDICATION								
Dependent/Neglect	47%	54%	44%	67%	60%	40%	62%	70%
Unruly	24%	11%	20%	4%	7%	2%	11%	7%
Delinquent	29%	35%	36%	29%	33%	58%	27%	23%
South Central Demographics	**1995 SC**	**1996 SC**	**1997 SC**	**1998 SC**	**1999 SC**	**2000 SC**	**2001 SC**	**2002 SC**
Total cases reviewed	47	48	48	48	48	48	47	47
AGE								
Age B-5 yrs.	11%	19%	23%	21%	8%	10%	13%	11%
Age 6-12 yrs.	23%	27%	23%	17%	27%	21%	26%	19%
Age 13+ yrs.	66%	54%	54%	62%	65%	69%	61%	70%
PLACEMENT								
Family	41%	38%	33%	42%	27%	33%	23%	17%
Foster	38%	35%	40%	37%	42%	38%	34%	49%
Group	21%	27%	25%	21%	29%	23%	41%	32%
Runaway	0%	0%	2%	0%	2%	6%	2%	0%
Kinship	-	-	-	-	-	-	0%	2%
ADJUDICATION								
Dependent/Neglect	44%	58%	58%	56%	59%	58%	62%	53%
Unruly	28%	29%	29%	21%	8%	13%	6%	11%
Delinquent	28%	13%	13%	23%	33%	29%	32%	36%
Southeast Demographics	**1995 SE**	**1996 SE**	**1997 SE**	**1998 SE**	**1999 SE**	**2000 SE**	**2001 SE**	**2002 SE**
Total cases reviewed	48	48	47	47	47	47	47	47
AGE								
Age B-5 yrs.	15%	19%	23%	21%	21%	17%	30%	15%
Age 6-12 yrs.	17%	15%	17%	32%	34%	30%	17%	28%
Age 13+ yrs.	69%	67%	60%	47%	45%	53%	53%	57%
PLACEMENT								
Family	38%	40%	34%	26%	23%	15%	30%	19%
Foster	21%	29%	34%	53%	53%	44%	49%	49%
Group	31%	29%	26%	21%	21%	30%	17%	15%
Runaway	10%	2%	6%	0%	2%	11%	4%	8%
Kinship	-	-	-	-	-	-	0%	9%
ADJUDICATION								
Dependent/Neglect	69%	60%	62%	85%	72%	74%	72%	74%
Unruly	16%	19%	26%	9%	13%	9%	9%	0%
Delinquent	15%	21%	13%	6%	15%	17%	19%	26%

Shelby County Demographics	1995 SH	1996 SH	1997 SH	1998 SH	1999 SH	2000 SH	2001 SH	2002 SH
Total cases reviewed	59	57	59	60	59	56	58	52
AGE								
Age B-5 yrs.	22%	42%	37%	23%	29%	20%	34%	23%
Age 6-12 yrs.	36%	23%	34%	43%	24%	42%	22%	35%
Age 13+ yrs.	42%	35%	29%	34%	47%	38%	44%	42%
PLACEMENT								
Family	17%	18%	17%	18%	29%	27%	22%	8%
Foster	63%	56%	61%	62%	39%	55%	45%	61%
Group	20%	23%	19%	17%	24%	13%	16%	10%
Runaway	0%	4%	3%	3%	8%	5%	7%	10%
Kinship	-	-	-	-	-	-	10%	11%
ADJUDICATION								
Dependent/Neglect	95%	91%	90%	92%	86%	95%	98%	83%
Unruly	2%	4%	0%	2%	0%	0%	0%	2%
Delinquent	3%	5%	10%	6%	14%	5%	2%	15%
Southwest Demographics	**1995 SW**	**1996 SW**	**1997 SW**	**1998 SW**	**1999 SW**	**2000 SW**	**2001 SW**	**2002 SW**
Total cases reviewed	48	49	49	49	48	48	48	48
AGE								
Age B-5 yrs.	17%	27%	27%	16%	23%	21%	10%	19%
Age 6-12 yrs.	25%	20%	18%	25%	21%	35%	27%	19%
Age 13+ yrs.	58%	53%	55%	59%	56%	44%	63%	62%
PLACEMENT								
Family	35%	33%	22%	16%	29%	19%	21%	35%
Foster	25%	35%	37%	35%	44%	54%	40%	31%
Group	36%	24%	39%	43%	25%	27%	35%	27%
Runaway	4%	8%	2%	6%	2%	0%	4%	6%
Kinship	-	-	-	-	-	-	0%	0%
ADJUDICATION								
Dependent/Neglect	63%	76%	61%	57%	63%	75%	62%	65%
Unruly	21%	10%	20%	10%	10%	4%	15%	4%
Delinquent	17%	14%	18%	33%	27%	21%	23%	31%
Upper Cumberland Demographics	**1995 UC**	**1996 UC**	**1997 UC**	**1998 UC**	**1999 UC**	**2000 UC**	**2001 UC**	**2002 UC**
Total cases reviewed	47	47	47	47	47	47	47	47
AGE								
Age B-5 yrs.	23%	21%	13%	15%	17%	15%	26%	13%
Age 6-12 yrs.	26%	17%	21%	17%	21%	28%	32%	36%
Age 13+ yrs.	51%	62%	66%	68%	62%	57%	42%	51%
PLACEMENT								
Family	11%	15%	21%	30%	23%	28%	26%	21%
Foster	62%	49%	45%	47%	52%	42%	40%	43%
Group	23%	28%	26%	19%	23%	28%	26%	23%
Runaway	4%	8%	9%	4%	2%	2%	4%	2%
Kinship	-	-	-	-	-	-	4%	11%
ADJUDICATION								
Dependent/Neglect	79%	70%	60%	66%	71%	62%	68%	77%
Unruly	8%	9%	17%	13%	6%	6%	2%	2%
Delinquent	13%	21%	23%	21%	23%	32%	30%	21%

Indicators on Child/Family by Region

Davidson County Status Indicators	1995 DA	1996 DA	1997 DA	1998 DA	1999 DA	2000 DA	2001 DA	2002 DA
Total cases reviewed	48	48	49	49	49	49	49	49
*Safety	85%	85%	94%	96%	89%	98%	92%	98%
*Emotional Well-being	75%	82%	83%	83%	90%	84%	83%	88%
*Physical Well-being	85%	98%	100%	100%	100%	100%	94%	100%
*Caregiver Functioning	93%	89%	94%	93%	85%	92%	93%	94%
Stability	79%	92%	90%	87%	90%	88%	82%	96%
Permanent Goal	94%	92%	88%	89%	96%	94%	86%	98%
Appropriate Placement	73%	89%	85%	91%	92%	88%	83%	92%
Ed/Voc Progress	74%	91%	83%	83%	88%	70%	88%	91%
Family Unification	61%	69%	64%	71%	72%	83%	78%	73%
Independent Living (13+)	69%	62%	88%	82%	78%	81%	88%	78%
Child Satisfaction	72%	85%	94%	78%	78%	60%	82%	78%
Family Satisfaction	62%	64%	92%	81%	63%	70%	57%	58%
Overall Status	60%	75%	81%	83%	86%	84%	84%	88%
East Tennessee Status Indicators	**1995 ET**	**1996 ET**	**1997 ET**	**1998 ET**	**1999 ET**	**2000 ET**	**2001 ET**	**2002 ET**
Total cases reviewed	94	49	49	49	49	49	49	49
*Safety	97%	94%	92%	100%	94%	96%	90%	94%
*Emotional Well-being	81%	75%	84%	92%	88%	85%	88%	94%
*Physical Well-being	97%	93%	92%	98%	96%	98%	94%	98%
*Caregiver Functioning	98%	91%	93%	94%	100%	96%	96%	96%
Stability	84%	79%	88%	90%	92%	91%	88%	88%
Permanent Goal	87%	85%	88%	86%	94%	89%	98%	96%
Appropriate Placement	86%	87%	87%	90%	94%	96%	88%	91%
Ed/Voc Progress	86%	76%	89%	88%	88%	81%	91%	85%
Family Unification	67%	74%	75%	70%	78%	91%	77%	94%
Independent Living (13+)	72%	76%	88%	88%	90%	92%	82%	84%
Child Satisfaction	78%	82%	85%	80%	85%	81%	70%	91%
Family Satisfaction	57%	63%	71%	53%	73%	79%	69%	74%
Overall Status	80%	76%	80%	84%	87%	83%	86%	86%
Hamilton County Status Indicators	**1995 HM**	**1996 HM**	**1997 HM**	**1998 HM**	**1999 HM**	**2000 HM**	**2001 HM**	**2002 HM**
Total cases reviewed	48	48	48	48	47	48	47	47
*Safety	96%	90%	94%	81%	84%	87%	94%	93%
*Emotional Well-being	81%	82%	79%	82%	83%	77%	89%	83%
*Physical Well-being	98%	96%	98%	95%	98%	91%	98%	96%
*Caregiver Functioning	92%	87%	91%	90%	95%	90%	91%	86%
Stability	90%	77%	85%	78%	83%	84%	94%	80%
Permanent Goal	94%	79%	85%	83%	84%	89%	92%	91%
Appropriate Placement	90%	80%	89%	78%	92%	84%	91%	83%
Ed/Voc Progress	78%	80%	69%	70%	77%	67%	86%	69%
Family Unification	77%	66%	70%	60%	77%	77%	69%	82%
Independent Living (13+)	69%	57%	68%	68%	87%	84%	94%	71%
Child Satisfaction	86%	76%	68%	79%	84%	74%	84%	83%
Family Satisfaction	69%	52%	83%	59%	69%	58%	59%	68%
Overall Status	81%	79%	79%	75%	76%	72%	85%	81%

Knox County Status Indicators	1995 KN	1996 KN	1997 KN	1998 KN	1999 KN	2000 KN	2001 KN	2002 KN
Total cases reviewed	48	48	47	48	47	47	47	47
*Safety	91%	96%	96%	100%	96%	98%	94%	98%
*Emotional Well-being	91%	90%	89%	94%	85%	98%	94%	98%
*Physical Well-being	96%	98%	96%	98%	96%	100%	96%	100%
*Caregiver Functioning	95%	98%	100%	94%	98%	100%	98%	100%
Stability	83%	88%	96%	92%	91%	100%	91%	100%
Permanent Goal	87%	89%	96%	85%	87%	94%	98%	94%
Appropriate Placement	89%	91%	91%	92%	85%	93%	98%	93%
Ed/Voc Progress	78%	95%	95%	95%	92%	95%	89%	95%
Family Unification	58%	63%	75%	75%	77%	90%	97%	90%
Independent Living (13+)	80%	80%	96%	100%	80%	88%	95%	88%
Child Satisfaction	80%	80%	84%	81%	80%	83%	87%	83%
Family Satisfaction	55%	61%	52%	88%	70%	70%	60%	70%
Overall Status	**87%**	**87%**	**89%**	**83%**	**80%**	**93%**	**92%**	**93%**
Mid Cumberland Status Indicators	**1995 MC**	**1996 MC**	**1997 MC**	**1998 MC**	**1999 MC**	**2000 MC**	**2001 MC**	**2002 MC**
Total cases reviewed	94	49	49	49	49	49	49	49
*Safety	88%	94%	96%	96%	98%	94%	90%	94%
*Emotional Well-being	70%	85%	79%	85%	81%	83%	87%	90%
*Physical Well-being	97%	92%	100%	98%	94%	94%	98%	94%
*Caregiver Functioning	82%	89%	94%	93%	89%	96%	89%	98%
Stability	75%	84%	92%	84%	88%	82%	85%	94%
Permanent Goal	75%	90%	78%	85%	82%	88%	92%	98%
Appropriate Placement	84%	89%	81%	87%	88%	93%	89%	96%
Ed/VocProgress	76%	78%	90%	88%	79%	78%	88%	87%
Family Unification	60%	73%	51%	50%	75%	76%	89%	85%
Independent Living (13+)	70%	76%	70%	83%	79%	86%	76%	97%
Child Satisfaction	71%	84%	83%	73%	80%	71%	65%	84%
Family Satisfaction	51%	65%	57%	52%	77%	41%	53%	67%
Overall Status	**67%**	**78%**	**77%**	**80%**	**79%**	**84%**	**79%**	**90%**
Northeast Status Indicators	**1995 NE**	**1996 NE**	**1997 NE**	**1998 NE**	**1999 NE**	**2000 NE**	**2001 NE**	**2002 NE**
Total cases reviewed	48	48	49	48	48	48	48	47
*Safety	88%	92%	85%	92%	96%	91%	89%	96%
*Emotional Well-being	77%	83%	83%	83%	91%	89%	81%	89%
*Physical Well-being	83%	94%	89%	93%	98%	93%	94%	98%
*Caregiver Functioning	86%	89%	95%	89%	96%	95%	93%	98%
Stability	79%	92%	83%	87%	93%	89%	83%	91%
Permanent Goal	79%	90%	83%	85%	96%	96%	92%	94%
Appropriate Placement	81%	87%	85%	84%	93%	93%	84%	91%
Ed/Voc Progress	71%	78%	91%	72%	94%	81%	74%	81%
Family Unification	51%	71%	79%	66%	79%	70%	92%	84%
Independent Living (13+)	80%	77%	100%	74%	77%	92%	83%	86%
Child Satisfaction	82%	87%	69%	71%	87%	80%	77%	87%
Family Satisfaction	55%	69%	61%	78%	75%	76%	59%	78%
Overall Status	**73%**	**75%**	**78%**	**81%**	**87%**	**87%**	**81%**	**89%**

* Applicable starred items must be positive for overall adequate finding.

Northwest Status Indicators	1995 NW	1996 NW	1997 NW	1998 NW	1999 NW	2000 NW	2001 NW	2002 NW
Total cases reviewed	45	46	45	45	45	45	44	44
*Safety	96%	94%	98%	91%	98%	95%	95%	98%
*Emotional Well-being	84%	87%	93%	91%	93%	95%	82%	98%
*Physical Well-being	96%	100%	98%	98%	100%	100%	100%	98%
*Caregiver Functioning	93%	91%	98%	93%	98%	100%	95%	98%
Stability	98%	87%	98%	91%	96%	89%	95%	100%
Permanent Goal	84%	96%	91%	81%	93%	95%	95%	93%
Appropriate Placement	91%	94%	95%	91%	91%	88%	93%	98%
Ed/Voc Progress	87%	92%	90%	94%	92%	93%	95%	92%
Family Unification	68%	82%	71%	67%	76%	89%	85%	94%
Independent Living (13+)	89%	90%	83%	86%	82%	100%	88%	88%
Child Satisfaction	80%	88%	87%	91%	79%	86%	71%	84%
Family Satisfaction	59%	67%	73%	68%	69%	90%	59%	75%
Overall Status	**80%**	**85%**	**91%**	**84%**	**93%**	**91%**	**80%**	**95%**
South Central Status Indicators	**1995 SC**	**1996 SC**	**1997 SC**	**1998 SC**	**1999 SC**	**2000 SC**	**2001 SC**	**2002 SC**
Total cases reviewed	47	48	48	48	48	48	47	47
*Safety	96%	94%	94%	96%	98%	92%	96%	96%
*Emotional Well-being	77%	68%	82%	87%	98%	83%	87%	85%
*Physical Well-being	100%	98%	96%	100%	98%	94%	98%	98%
*Caregiver Functioning	91%	89%	91%	94%	98%	96%	93%	96%
Stability	85%	83%	96%	91%	98%	83%	89%	96%
Permanent Goal	85%	85%	85%	89%	85%	85%	96%	96%
Appropriate Placement	96%	87%	91%	96%	93%	83%	89%	91%
Ed/Voc Progress	93%	88%	80%	95%	95%	87%	83%	91%
Family Unification	76%	55%	68%	68%	68%	72%	83%	78%
Independent Living (13+)	59%	62%	79%	92%	84%	85%	83%	90%
Child Satisfaction	82%	72%	100%	82%	85%	83%	66%	82%
Family Satisfaction	68%	56%	77%	67%	64%	57%	52%	72%
Overall Status	**77%**	**69%**	**83%**	**87%**	**91%**	**81%**	**85%**	**85%**
Southeast Status Indicators	**1995 SE**	**1996 SE**	**1997 SE**	**1998 SE**	**1999 SE**	**2000 SE**	**2001 SE**	**2002 SE**
Total cases reviewed	48	48	47	47	47	47	47	47
*Safety	89%	96%	97%	96%	98%	91%	91%	87%
*Emotional Well-being	80%	85%	80%	76%	91%	86%	85%	83%
*Physical Well-being	91%	98%	98%	98%	98%	95%	96%	98%
*Caregiver Functioning	93%	88%	93%	85%	98%	93%	98%	87%
Stability	74%	89%	87%	83%	98%	89%	89%	83%
Permanent Goal	89%	77%	79%	77%	84%	85%	94%	89%
Appropriate Placement	86%	91%	89%	81%	100%	91%	96%	85%
Ed/Voc Progress	68%	73%	88%	72%	83%	86%	94%	85%
Family Unification	64%	61%	70%	57%	69%	74%	72%	82%
Independent Living	54%	63%	81%	70%	94%	89%	100%	78%
Child Satisfaction	79%	78%	75%	80%	82%	88%	84%	84%
Family Satisfaction	52%	59%	58%	41%	58%	68%	59%	76%
Overall Status	**73%**	**81%**	**79%**	**74%**	**89%**	**82%**	**85%**	**81%**

* Applicable starred items must be positive for overall adequate finding.

Shelby County Status Indicators	1995 SH	1996 SH	1997 SH	1998 SH	1999 SH	2000 SH	2001 SH	2002 SH
Total cases reviewed	59	57	59	60	59	56	58	52
*Safety	97%	95%	93%	98%	98%	94%	95%	92%
*Emotional Well-being	86%	86%	92%	81%	96%	94%	89%	87%
*Physical Well-being	98%	98%	97%	100%	100%	100%	95%	92%
*Caregiver Functioning	95%	95%	95%	96%	100%	87%	96%	94%
Stability	86%	88%	92%	96%	94%	98%	89%	92%
Permanent Goal	80%	83%	83%	90%	84%	86%	95%	92%
Appropriate Placement	90%	84%	88%	96%	98%	85%	91%	92%
Ed/Voc Progress	86%	90%	89%	89%	95%	77%	87%	88%
Family Unification	77%	79%	65%	66%	69%	72%	71%	75%
Independent Living (13+)	61%	70%	73%	86%	93%	87%	62%	75%
Child Satisfaction	76%	88%	86%	90%	84%	92%	77%	79%
Family Satisfaction	60%	74%	62%	79%	57%	93%	64%	79%
Overall Status	**85%**	**86%**	**92%**	**81%**	**94%**	**82%**	**82%**	**87%**
Southwest Status Indicators	**1995 SW**	**1996 SW**	**1997 SW**	**1998 SW**	**1999 SW**	**2000 SW**	**2001 SW**	**2002 SW**
Total cases reviewed	48	49	49	49	48	48	48	48
*Safety	87%	90%	96%	90%	98%	98%	92%	100%
*Emotional Well-being	79%	87%	85%	82%	85%	85%	85%	87%
*Physical Well-being	96%	96%	96%	94%	100%	96%	94%	100%
*Caregiver Functioning	87%	87%	92%	83%	92%	90%	92%	98%
Stability	81%	85%	92%	79%	96%	92%	90%	90%
Permanent Goal	81%	84%	83%	64%	83%	96%	83%	90%
Appropriate Placement	85%	82%	86%	78%	91%	90%	87%	96%
Ed/VocProgress	81%	87%	87%	78%	79%	76%	78%	76%
Family Unification	55%	53%	71%	69%	68%	74%	69%	74%
Independent Living	69%	73%	96%	77%	90%	78%	81%	87%
Child Satisfaction	83%	74%	75%	82%	73%	76%	82%	74%
Family Satisfaction	64%	52%	66%	64%	71%	59%	73%	71%
Overall Status	**75%**	**82%**	**84%**	**73%**	**83%**	**81%**	**81%**	**87%**
Upper Cumberland Status Indicators	**1995 UC**	**1996 UC**	**1997 UC**	**1998 UC**	**1999 UC**	**2000 UC**	**2001 UC**	**2002 UC**
Total cases reviewed	47	47	47	47	47	47	47	47
*Safety	94%	91%	92%	93%	98%	94%	94%	96%
*Emotional Well-being	81%	87%	85%	84%	89%	96%	85%	94%
*Physical Well-being	98%	98%	89%	100%	98%	100%	98%	100%
*Caregiver Functioning	96%	91%	91%	89%	100%	91%	93%	93%
Stability	92%	85%	81%	89%	98%	87%	89%	94%
Permanent Goal	83%	89%	85%	77%	85%	89%	96%	98%
Appropriate Placement	91%	91%	87%	84%	96%	89%	96%	87%
Ed/VocProgress	83%	85%	79%	87%	95%	82%	85%	95%
Family Unification	49%	62%	63%	60%	89%	80%	90%	91%
Independent Living (13+)	71%	77%	65%	87%	79%	80%	88%	86%
Child Satisfaction	82%	88%	65%	81%	82%	78%	88%	79%
Family Satisfaction	59%	73%	64%	56%	69%	69%	68%	73%
Overall Status	**79%**	**79%**	**81%**	**77%**	**89%**	**87%**	**81%**	**90%**

* Applicable starred items must be positive for overall adequate finding.

Indicators on Service System by Region

Davidson County System Indicators	1995 DA	1996 DA	1997 DA	1998 DA	1999 DA	2000 DA	2001 DA	2002 DA
Total cases reviewed	48	48	49	49	49	49	49	49
*Assessment of Needs	75%	85%	79%	78%	57%	67%	65%	71%
*Long Term View For Services	77%	83%	88%	88%	78%	90%	86%	92%
*Child Participation	93%	92%	89%	92%	92%	95%	97%	91%
*Family Participation	88%	87%	81%	82%	80%	89%	95%	95%
*Service Plan Design	77%	81%	65%	37%	61%	61%	57%	69%
*Service Plan Implementation	59%	71%	63%	79%	76%	74%	79%	84%
*Service Coordination	53%	67%	65%	53%	55%	65%	51%	76%
*Monitoring Change	70%	72%	69%	62%	65%	78%	77%	92%
Advocacy	94%	93%	91%	92%	94%	96%	100%	98%
Early Child and Family Intervention	50%	79%	81%	85%	81%	91%	80%	96%
Hom/Comm Resources	75%	88%	76%	88%	85%	95%	98%	96%
Placement Resources	82%	92%	85%	92%	94%	92%	92%	84%
Support. Intervention toward Permanent Goal	68%	63%	67%	72%	73%	81%	81%	84%
Urgency Response	81%	83%	80%	87%	92%	88%	94%	94%
Progress Child	85%	88%	90%	87%	83%	88%	90%	94%
Progress Family	53%	66%	63%	68%	60%	72%	62%	65%
Overall Adequacy of Services	**35%**	**56%**	**43%**	**29%**	**39%**	**41%**	**33%**	**59%**
East Tennessee System Indicators	**1995 ET**	**1996 ET**	**1997 ET**	**1998 ET**	**1999 ET**	**2000 ET**	**2001 ET**	**2002 ET**
Total cases reviewed	94	49	49	49	49	49	49	49
*Assessment of Needs	79%	84%	88%	76%	73%	67%	67%	84%
*Long Term View For Services	80%	75%	92%	80%	90%	88%	88%	92%
*Child Participation	89%	88%	100%	94%	97%	89%	91%	97%
*Family Participation	79%	88%	88%	86%	87%	98%	92%	100%
*Service Plan Design	68%	77%	82%	43%	77%	67%	50%	71%
*Service Plan Implementation	66%	67%	87%	64%	87%	72%	79%	87%
*Service Coordination	64%	65%	76%	45%	81%	62%	65%	82%
*Monitoring Change	67%	69%	80%	49%	83%	78%	72%	90%
Advocacy	67%	58%	67%	60%	86%	77%	77%	69%
Early Child and Family Intervention	75%	80%	91%	71%	86%	93%	84%	91%
Hom/Comm Resources	70%	84%	89%	79%	93%	91%	96%	93%
Placement Resources	78%	88%	74%	84%	92%	94%	94%	90%
Support. Intervention toward Permanent Goal	70%	73%	77%	65%	87%	71%	79%	77%
Urgency Response	80%	88%	92%	82%	98%	94%	92%	98%
Progress Child	89%	80%	83%	86%	92%	88%	88%	87%
Progress Family	64%	52%	64%	58%	62%	63%	58%	53%
Overall Adequacy of Services	**39%**	**53%**	**61%**	**20%**	**61%**	**43%**	**29%**	**61%**

* Applicable starred items must be positive for overall adequate finding.

Hamilton County System Indicators	1995 HM	1996 HM	1997 HM	1998 HM	1999 HM	2000 HM	2001 HM	2002 HM
Total cases reviewed	48	48	48	48	47	48	47	47
*Assessment of Needs	79%	85%	91%	70%	74%	75%	66%	74%
*Long Term View For Services	85%	69%	73%	77%	74%	83%	89%	89%
*Child Participation	84%	80%	100%	81%	88%	77%	88%	93%
*Family Participation	72%	70%	85%	74%	80%	86%	100%	95%
*Service Plan Design	71%	67%	62%	52%	40%	57%	51%	57%
*Service Plan Implementation	69%	62%	70%	74%	68%	83%	82%	80%
*Service Coordination	60%	48%	63%	69%	69%	73%	66%	77%
*Monitoring Change	65%	54%	75%	63%	80%	85%	82%	87%
Advocacy	73%	71%	81%	71%	84%	62%	83%	85%
Early Child and Family Intervention	67%	57%	72%	80%	90%	80%	88%	82%
Hom/Comm Resources	80%	73%	74%	82%	88%	93%	96%	95%
Placement Resources	83%	80%	84%	90%	84%	84%	87%	89%
Support. Intervention toward Permanent Goal	69%	54%	67%	67%	61%	78%	76%	87%
Urgency Response	81%	75%	87%	91%	85%	87%	98%	96%
Progress Child	85%	77%	81%	76%	70%	75%	85%	82%
Progress Family	60%	56%	53%	46%	46%	44%	50%	53%
Overall Adequacy of Services	**50%**	**35%**	**39%**	**40%**	**28%**	**42%**	**38%**	**47%**
Knox County System Indicators	**1995 KN**	**1996 KN**	**1997 KN**	**1998 KN**	**1999 KN**	**2000 KN**	**2001 KN**	**2002 KN**
Total cases reviewed	48	48	47	48	47	47	47	47
*Assessment of Needs	79%	88%	92%	81%	70%	79%	70%	87%
*Long Term View For Services	77%	79%	87%	88%	85%	94%	94%	94%
*Child Participation	84%	89%	84%	97%	88%	97%	97%	94%
*Family Participation	71%	86%	82%	83%	79%	91%	88%	90%
*Service Plan Design	69%	73%	75%	52%	67%	79%	72%	81%
*Service Plan Implementation	67%	73%	83%	83%	85%	91%	91%	91%
*Service Coordination	77%	65%	77%	71%	64%	87%	74%	87%
*Monitoring Change	64%	65%	75%	65%	68%	94%	91%	98%
Advocacy	79%	82%	77%	89%	89%	87%	87%	96%
Early Child and Family Intervention	72%	74%	76%	81%	79%	95%	86%	93%
Hom/Comm Resources	81%	85%	78%	84%	88%	100%	100%	98%
Placement Resources	88%	70%	84%	85%	88%	89%	87%	91%
Support. Intervention toward Permanent Goal	70%	68%	82%	84%	66%	91%	91%	87%
Urgency Response	87%	85%	93%	96%	93%	100%	98%	98%
Progress Child	89%	89%	96%	94%	85%	91%	91%	85%
Progress Family	37%	47%	57%	58%	46%	47%	72%	63%
Overall Adequacy of Services	**46%**	**44%**	**55%**	**44%**	**45%**	**57%**	**51%**	**61%**

Mid Cumberland System Indicators	1995 MC	1996 MC	1997 MC	1998 MC	1999 MC	2000 MC	2001 MC	2002 MC
Total cases reviewed	94	49	49	49	49	49	49	49
*Assessment of Needs	78%	90%	82%	80%	69%	81%	61%	73%
*Long Term View For Services	61%	84%	71%	82%	84%	83%	94%	88%
*Child Participation	86%	93%	87%	88%	95%	92%	97%	94%
*Family Participation	69%	83%	72%	73%	85%	86%	97%	91%
*Service Plan Design	55%	76%	61%	71%	71%	71%	73%	67%
*Service Plan Implementation	51%	67%	57%	60%	66%	72%	83%	91%
*Service Coordination	42%	71%	61%	58%	55%	67%	79%	82%
*Monitoring Change	38%	63%	61%	57%	65%	78%	77%	88%
Advocacy	67%	78%	63%	70%	76%	87%	77%	90%
Early Child and Family Intervention	59%	75%	65%	68%	85%	87%	84%	79%
Hom/Comm Resources	62%	71%	56%	78%	86%	91%	98%	90%
Placement Resources	83%	89%	83%	85%	92%	94%	88%	81%
Support. Intervention toward Permanent Goal	60%	70%	41%	57%	69%	69%	81%	83%
Urgency Response	75%	90%	81%	80%	96%	89%	94%	96%
Progress - Child	75%	85%	92%	84%	88%	83%	85%	92%
Progress - Family	54%	61%	56%	36%	56%	57%	63%	63%
Overall Adequacy of Services	**23%**	**49%**	**41%**	**43%**	**43%**	**47%**	**46%**	**55%**
Northeast System Indicators	**1995 NE**	**1996 NE**	**1997 NE**	**1998 NE**	**1999 NE**	**2000 NE**	**2001 NE**	**2002 NE**
Total cases reviewed	48	48	49	48	48	48	48	47
*Assessment of Needs	83%	81%	88%	72%	83%	73%	75%	81%
*Long Term View For Services	65%	78%	90%	83%	96%	88%	94%	98%
*Child Participation	82%	86%	100%	73%	100%	89%	88%	97%
*Family Participation	85%	73%	91%	65%	83%	91%	92%	92%
*Service Plan Design	60%	64%	77%	42%	65%	60%	75%	87%
*Service Plan Implementation	60%	68%	89%	77%	78%	88%	89%	89%
*Service Coordination	67%	70%	77%	62%	80%	77%	77%	79%
*Monitoring Change	62%	67%	80%	62%	91%	79%	92%	89%
Advocacy	78%	81%	75%	78%	84%	72%	77%	83%
Early Child and Family Intervention	68%	65%	76%	93%	80%	95%	95%	93%
Hom/Comm Resources	77%	71%	82%	95%	87%	91%	95%	93%
Placement Resources	87%	81%	73%	86%	86%	83%	96%	87%
Support. Intervention toward Permanent Goal	58%	68%	84%	67%	84%	92%	83%	89%
Urgency Response	85%	91%	87%	86%	98%	92%	96%	96%
Progress - Child	81%	83%	82%	81%	89%	81%	89%	85%
Progress - Family	43%	59%	62%	67%	45%	57%	47%	49%
Overall Adequacy of Services	**50%**	**46%**	**63%**	**35%**	**56%**	**52%**	**52%**	**62%**

Northwest System Indicators	1995 NW	1996 NW	1997 NW	1998 NW	1999 NW	2000 NW	2001 NW	2002 NW
Total cases reviewed	45	46	45	45	45	45	44	44
*Assessment of Needs	87%	94%	89%	84%	84%	82%	73%	86%
*Long Term View For Services	80%	89%	84%	76%	93%	93%	89%	93%
*Child Participation	97%	97%	100%	93%	97%	100%	100%	97%
Family Participation	88%	91%	90%	82%	89%	94%	91%	92%
*Service Plan Design	82%	78%	82%	49%	57%	67%	50%	61%
*Service Plan Implementation	80%	89%	87%	77%	83%	95%	91%	98%
*Service Coordination	64%	80%	84%	69%	73%	88%	82%	82%
*Monitoring Change	71%	74%	82%	73%	87%	87%	93%	95%
Advocacy	71%	69%	64%	82%	73%	82%	84%	86%
Early Child and Family Intervention	81%	85%	74%	76%	88%	93%	93%	93%
Hom/CommResources	82%	87%	80%	87%	95%	100%	95%	100%
Placement Resources	84%	83%	83%	86%	83%	94%	79%	93%
Support. Intervention toward Permanent Goal	68%	89%	80%	76%	81%	67%	88%	93%
Urgency Response	84%	89%	91%	93%	91%	95%	95%	100%
Progress - Child	89%	93%	89%	88%	91%	88%	86%	95%
Progress - Family	58%	58%	64%	46%	60%	87%	67%	55%
Overall Adequacy of Services	**51%**	**59%**	**69%**	**36%**	**51%**	**48%**	**36%**	**52%**
South Central System Indicators	**1995 SC**	**1996 SC**	**1997 SC**	**1998 SC**	**1999 SC**	**2000 SC**	**2001 SC**	**2002 SC**
Total cases reviewed	47	48	48	48	48	48	47	47
*Assessment of Needs	85%	71%	75%	71%	52%	67%	68%	83%
*Long Term View For Services	76%	60%	81%	71%	81%	83%	81%	94%
*Child Participation	82%	82%	97%	90%	94%	97%	94%	94%
Family Participation	74%	83%	80%	90%	97%	80%	88%	90%
*Service Plan Design	45%	63%	69%	48%	51%	67%	60%	78%
*Service Plan Implementation	68%	63%	70%	61%	77%	81%	82%	76%
*Service Coordination	55%	58%	56%	52%	57%	58%	67%	72%
*Monitoring Change	63%	56%	62%	54%	67%	67%	93%	81%
Advocacy	67%	49%	57%	73%	69%	70%	82%	87%
Early Child and Family Intervention	74%	50%	65%	80%	83%	56%	92%	81%
Hom/CommResources	68%	57%	70%	81%	80%	86%	86%	87%
Placement Resources	87%	81%	93%	91%	96%	81%	79%	89%
Support. Intervention toward Permanent Goal	71%	58%	61%	58%	63%	72%	85%	79%
Urgency Response	76%	77%	88%	81%	96%	90%	89%	98%
Progress - Child	87%	79%	89%	94%	96%	85%	89%	89%
Progress - Family	66%	58%	62%	60%	57%	45%	62%	58%
Overall Adequacy of Services	**38%**	**40%**	**44%**	**29%**	**29%**	**35%**	**36%**	**47%**

Southeast System Indicators	1995 SE	1996 SE	1997 SE	1998 SE	1999 SE	2000 SE	2001 SE	2002 SE
Total cases reviewed	48	48	47	47	47	47	47	47
*Assessment of Needs	85%	79%	87%	77%	83%	79%	60%	85%
*Long Term View For Services	75%	69%	79%	68%	85%	83%	49%	87%
*Child Participation	87%	86%	82%	88%	79%	97%	90%	96%
*Family Participation	81%	80%	79%	67%	82%	94%	72%	100%
*Service Plan Design	67%	60%	66%	57%	59%	72%	62%	72%
*Service Plan Implementation	73%	65%	74%	67%	72%	78%	72%	85%
*Service Coordination	60%	52%	64%	68%	64%	74%	66%	83%
*Monitoring Change	63%	42%	64%	68%	63%	83%	74%	87%
Advocacy	73%	57%	58%	60%	49%	64%	55%	76%
Early Child and Family Intervention	67%	65%	72%	72%	79%	92%	92%	93%
Hom/Comm Resources	69%	62%	70%	75%	86%	97%	100%	89%
Placement Resources	80%	86%	86%	74%	93%	89%	94%	85%
Support. Intervention toward Permanent Goal	68%	52%	60%	60%	67%	73%	87%	89%
Urgency Response	76%	85%	91%	79%	94%	92%	94%	87%
Progress - Child	76%	87%	87%	85%	87%	86%	98%	87%
Progress - Family	43%	64%	59%	52%	42%	46%	50%	61%
Overall Adequacy of Services	**40%**	**31%**	**43%**	**32%**	**38%**	**49%**	**38%**	**57%**
Shelby County System Indicators	**1995 SH**	**1996 SH**	**1997 SH**	**1998 SH**	**1999 SH**	**2000 SH**	**2001 SH**	**2002 SH**
Total cases reviewed	59	57	59	60	59	56	58	52
*Assessment of Needs	80%	84%	88%	63%	72%	66%	63%	69%
*Long Term View For Services	73%	75%	85%	80%	78%	86%	82%	82%
*Child Participation	70%	76%	83%	72%	73%	74%	63%	72%
*Family Participation	74%	81%	75%	76%	64%	80%	76%	86%
*Service Plan Design	61%	65%	75%	40%	60%	47%	53%	52%
*Service Plan Implementation	66%	69%	72%	77%	80%	79%	68%	88%
*Service Coordination	58%	75%	72%	65%	70%	70%	60%	73%
*Monitoring Change	54%	72%	73%	68%	75%	79%	76%	88%
Advocacy	61%	62%	62%	67%	62%	45%	51%	61%
Early Child and Family Intervention	64%	67%	79%	69%	67%	84%	85%	79%
Hom/Comm Resources	70%	74%	84%	85%	84%	92%	93%	96%
Placement Resources	86%	87%	91%	90%	100%	85%	88%	94%
Support. Intervention toward Permanent Goal	58%	57%	71%	68%	74%	74%	74%	75%
Urgency Response	85%	90%	92%	84%	91%	98%	90%	96%
Progress - Child	91%	89%	93%	96%	94%	87%	93%	92%
Progress - Family	58%	49%	44%	58%	50%	63%	57%	41%
Overall Adequacy of Services	**42%**	**44%**	**49%**	**32%**	**48%**	**39%**	**28%**	**39%**

Southwest System Indicators	1995 SW	1996 SW	1997 SW	1998 SW	1999 SW	2000 SW	2001 SW	2002 SW
Total cases reviewed	48	49	49	49	48	48	48	48
*Assessment of Needs	79%	84%	92%	74%	60%	50%	60%	44%
*Long Term View For Services	79%	73%	81%	54%	62%	73%	79%	81%
*Child Participation	91%	91%	88%	80%	85%	84%	93%	88%
*Family Participation	83%	87%	73%	63%	67%	60%	81%	95%
*Service Plan Design	58%	67%	79%	41%	40%	44%	44%	50%
*Service Plan Implementation	64%	61%	77%	60%	64%	63%	78%	74%
*Service Coordination	52%	55%	65%	57%	42%	48%	69%	63%
*Monitoring Change	47%	63%	71%	45%	55%	69%	77%	67%
Advocacy	64%	66%	50%	64%	51%	43%	62%	71%
Early Child and Family Intervention	76%	66%	63%	67%	71%	75%	93%	84%
Hom/Comm Resources	65%	67%	78%	71%	88%	85%	89%	100%
Placement Resources	77%	84%	91%	89%	84%	89%	85%	91%
Support. Intervention toward Permanent Goal	61%	64%	72%	52%	58%	61%	64%	70%
Urgency Response	85%	73%	88%	77%	87%	89%	92%	89%
Progress - Child	78%	88%	88%	85%	89%	93%	89%	85%
Progress - Family	46%	55%	59%	35%	62%	56%	37%	61%
Overall Adequacy of Services	**33%**	**45%**	**47%**	**24%**	**25%**	**21%**	**31%**	**29%**
Upper Cumberland System Indicators	**1995 UC**	**1996 UC**	**1997 UC**	**1998 UC**	**1999 UC**	**2000 UC**	**2001 UC**	**2002 UC**
Total cases reviewed	47	47	47	47	47	47	47	47
*Assessment of Needs	77%	81%	89%	66%	83%	74%	57%	70%
*Long Term View For Services	77%	81%	92%	72%	92%	85%	94%	94%
*Child Participation	76%	89%	92%	86%	94%	95%	100%	96%
*Family Participation	81%	86%	90%	80%	94%	90%	95%	95%
*Service Plan Design	51%	68%	81%	45%	74%	60%	64%	70%
*Service Plan Implementation	61%	78%	79%	69%	82%	77%	85%	89%
*Service Coordination	60%	68%	81%	68%	83%	68%	79%	85%
*Monitoring Change	47%	57%	77%	68%	89%	83%	83%	83%
Advocacy	57%	59%	54%	67%	72%	67%	85%	87%
Early Child and Family Intervention	66%	74%	67%	74%	83%	76%	90%	90%
Hom/Comm Resources	73%	72%	72%	84%	91%	88%	94%	98%
Placement Resources	94%	80%	83%	87%	100%	80%	89%	91%
Support. Intervention toward Permanent Goal	64%	68%	79%	70%	87%	85%	83%	91%
Urgency Response	85%	77%	83%	80%	98%	92%	96%	96%
Progress - Child	87%	89%	85%	87%	93%	89%	89%	93%
Progress - Family	56%	58%	71%	58%	79%	78%	67%	55%
Overall Adequacy of Services	**36%**	**47%**	**62%**	**30%**	**60%**	**38%**	**36%**	**49%**

Statewide Critical Issues – Nine Year Comparison

Statewide Critical Issues	1994 State wide	1995 State wide	1996 State wide	1997 State wide	1998 State wide	1999 State wide	2000 State wide	2001 State wide	2002 State wide
Total cases reviewed	368	674	654	585	587	583	580	580	573
State cases	368	353	352	347	350	348	348	349	342
Status	74%	75%	79%	83%	81%	87%	84%	84%	87%
System	31%	40%	46%	51%	33%	46%	42%	39%	54%
Appropriate for Custody	84%	88%	94%	93%	93%	97%	94%	95%	95%
Custody too Long	19%	26%	22%	24%	28%	26%	28%	30%	24%
Incarceration of Parents	28%	40%	47%	51%	57%	55%	59%	61%	61%
Parent was/is in State Custody as a Child	7%	10%	15%	14%	15%	14%	12%	15%	14%
Parents w/ Substance Abuse Issues	-	54%	54%	63%	65%	64%	62%	57%	58%
Children with Substance Abuse Issues	-	23%	21%	24%	25%	26%	30%	29%	30%
Experienced Domestic Violence in the Home	-	30%	20%	28%	26%	29%	32%	34%	29%
Little/No Relationship With Father	-	-	54%	65%	61%	63%	65%	67%	69%
Allegedly Sexually Abused	-	33%	34%	25%	27%	26%	23%	29%	25%
Allegedly Physically Abused	-	-	25%	24%	27%	25%	25%	25%	27%

A dash (-) signifies that no data was collected.

Critical Issues by Region

Davidson County Critical Issues	1995 DA	1996 DA	1997 DA	1998 DA	1999 DA	2000 DA	2001 DA	2002 DA
Total cases reviewed	48	48	49	49	49	49	49	49
Status	60%	75%	81%	83%	86%	84%	84%	88%
System	35%	56%	43%	29%	39%	41%	33%	59%
Appropriate for Custody	83%	96%	98%	92%	94%	98%	90%	100%
Custody too Long	20%	15%	12%	18%	14%	12%	30%	18%
Incarceration of Parents	31%	40%	53%	65%	69%	57%	57%	59%
Parents with Substance Abuse Issues	52%	56%	67%	69%	69%	63%	71%	57%
Children with Substance Abuse Issues	35%	33%	10%	31%	39%	53%	33%	27%
Experienced Domestic Violence in the Home	-	17%	18%	12%	41%	33%	45%	22%
Little/No Relationship With Father	-	60%	63%	65%	69%	65%	67%	78%
Alledgedly Sexually Abused	-	29%	14%	24%	18%	20%	27%	31%
East TN Critical Issues	**1995 ET**	**1996 ET**	**1997 ET**	**1998 ET**	**1999 ET**	**2000 ET**	**2001 ET**	**2002 ET**
Total cases reviewed	94	49	49	49	49	49	49	49
Status	80%	76%	80%	84%	87%	83%	86%	86%
System	39%	53%	61%	20%	61%	43%	29%	61%
Appropriate for Custody	84%	98%	92%	96%	94%	94%	98%	92%
Custody too Long	23%	17%	18%	24%	22%	29%	37%	24%
Incarceration of Parents	36%	47%	43%	47%	56%	46%	63%	61%
Parents with Substance Abuse Issues	-	58%	63%	47%	63%	57%	67%	49%
Children with Substance Abuse Issues	-	20%	41%	37%	41%	39%	29%	20%
Experienced Domestic Violence in the Home	34%	33%	39%	29%	35%	22%	39%	35%
Little/No Relationship With Father	-	65%	61%	47%	57%	55%	57%	69%
Alledgedly Sexually Abused	-	31%	29%	31%	20%	37%	29%	43%
Hamilton County Critical Issues	**1995 HM**	**1996 HM**	**1997 HM**	**1998 HM**	**1999 HM**	**2000 HM**	**2001 HM**	**2002 HM**
Total cases reviewed	48	48	48	48	47	48	47	47
Status	73%	81%	79%	75%	76%	72%	85%	81%
System	50%	35%	39%	40%	28%	42%	38%	47%
Appropriate for Custody	96%	94%	98%	96%	98%	98%	98%	96%
Custody too Long	26%	22%	21%	12%	13%	12%	34%	28%
Incarceration of Parents	27%	54%	50%	48%	55%	54%	66%	74%
Parents with Substance Abuse Issues	50%	46%	58%	67%	49%	65%	77%	62%
Children with Substance Abuse Issues	-	23%	25%	27%	27%	23%	23%	15%
Experienced Domestic Violence in the Home	21%	19%	23%	15%	21%	33%	38%	32%
Little/No Relationship With Father	38%	58%	69%	67%	72%	75%	79%	66%
Alledgedly Sexually Abused	27%	33%	13%	29%	21%	25%	32%	15%

A dash (-) signifies that no data was collected.

Knox County Critical Issues	1995 KN	1996 KN	1997 KN	1998 KN	1999 KN	2000 KN	2001 KN	2002 KN
Total cases reviewed	48	48	47	48	47	47	47	47
Status	87%	87%	89%	83%	80%	93%	92%	83%
System	49%	44%	55%	44%	45%	57%	51%	62%
Appropriate for Custody	94%	94%	91%	92%	98%	100%	96%	100%
Custody too Long	18%	33%	21%	21%	26%	13%	17%	23%
Incarceration of Parents	48%	40%	62%	67%	64%	62%	64%	60%
Parents with Substance Abuse Issues	63%	58%	70%	79%	70%	62%	45%	68%
Children with Substance Abuse Issues	-	29%	23%	25%	19%	23%	30%	32%
Experienced Domestic Violence in the Home	35%	33%	32%	42%	53%	47%	47%	28%
Little/No Relationship With Father	-	65%	68%	54%	74%	66%	79%	70%
Alledgedly Sexually Abused	19%	31%	32%	31%	34%	40%	40%	32%
Mid-Cumberland Critical Issues	**1995 MC**	**1996 MC**	**1997 MC**	**1998 MC**	**1999 MC**	**2000 MC**	**2001 MC**	**2002 MC**
Total cases reviewed	94	49	49	49	49	49	49	49
Status	80%	78%	77%	80%	79%	84%	79%	90%
System	39%	53%	41%	43%	43%	47%	46%	55%
Appropriate for Custody	74%	88%	82%	86%	96%	92%	92%	90%
Custody too Long	21%	18%	39%	35%	24%	26%	29%	22%
Incarceration of Parents	48%	43%	57%	51%	42%	63%	59%	55%
Parents with Substance Abuse Issues	-	57%	59%	59%	63%	67%	57%	61%
Children with Substance Abuse Issues	-	39%	22%	31%	29%	37%	37%	37%
Experienced Domestic Violence in the Home	-	29%	31%	43%	39%	18%	33%	37%
Little/No Relationship With Father	-	61%	63%	61%	57%	53%	63%	59%
Alledgedly Sexually Abused	35%	39%	35%	31%	27%	20%	35%	14%
Northeast Critical Issues	**1995 NE**	**1996 NE**	**1997 NE**	**1998 NE**	**1999 NE**	**2000 NE**	**2001 NE**	**2002 NE**
Total cases reviewed	48	48	49	48	48	48	48	47
Status	73%	75%	78%	81%	87%	87%	81%	89%
System	50%	46%	63%	35%	56%	52%	52%	62%
Appropriate for Custody	83%	88%	90%	92%	96%	98%	96%	98%
Custody too Long	20%	12%	18%	42%	31%	19%	23%	13%
Incarceration of Parents	54%	44%	61%	62%	64%	58%	65%	77%
Parents with Substance Abuse Issues	63%	38%	67%	67%	67%	58%	63%	57%
Children with Substance Abuse Issues	-	21%	37%	25%	23%	35%	35%	40%
Experienced Domestic Violence in the Home	29%	10%	29%	21%	31%	56%	44%	38%
Little/No Relationship With Father	-	60%	57%	52%	54%	65%	71%	60%
Alledgedly Sexually Abused	-	38%	27%	19%	33%	23%	35%	28%

A dash (-) signifies that no data was collected.

Northwest Critical Issues	1995 NW	1996 NW	1997 NW	1998 NW	1999 NW	2000 NW	2001 NW	2002 NW
Total cases reviewed	45	46	45	45	45	45	44	44
Status	80%	85%	91%	84%	93%	91%	80%	95%
System	51%	59%	69%	36%	51%	48%	36%	52%
Appropriate for Custody	87%	98%	96%	96%	100%	100%	93%	93%
Custody too Long	23%	10%	18%	20%	24%	11%	16%	14%
Incarceration of Parents	27%	48%	53%	64%	62%	47%	68%	59%
Parents with Substance Abuse Issues	63%	63%	49%	76%	58%	62%	70%	59%
Children with Substance Abuse Issues	-	35%	36%	33%	31%	56%	34%	23%
Experienced Domestic Violence in the Home	29%	33%	27%	27%	29%	29%	36%	27%
Little/No Relationship With Father	-	67%	62%	60%	64%	62%	57%	52%
Alledgedly Sexually Abused	-	22%	22%	24%	11%	20%	23%	23%
South Central Critical Issues	**1995 SC**	**1996 SC**	**1997 SC**	**1998 SC**	**1999 SC**	**2000 SC**	**2001 SC**	**2002 SC**
Total cases reviewed	47	48	48	48	48	48	47	47
Status	77%	69%	83%	87%	91%	81%	85%	85%
System	38%	40%	44%	29%	29%	35%	36%	47%
Appropriate for Custody	85%	94%	96%	94%	92%	83%	96%	96%
Custody too Long	15%	15%	23%	29%	23%	29%	25%	15%
Incarceration of Parents	47%	52%	60%	48%	66%	69%	51%	62%
Parents with Substance Abuse Issues	45%	63%	46%	63%	58%	63%	53%	60%
Children with Substance Abuse Issues	-	15%	19%	33%	29%	35%	30%	43%
Experienced Domestic Violence in the Home	30%	38%	29%	29%	29%	35%	34%	43%
Little/No Relationship With Father	-	42%	54%	71%	60%	54%	60%	57%
Alledgedly Sexually Abused	45%	38%	33%	35%	31%	27%	51%	36%
Southeast Critical Issues	**1995 SE**	**1996 SE**	**1997 SE**	**1998 SE**	**1999 SE**	**2000 SE**	**2001 SE**	**2002 SE**
Total cases reviewed	48	48	47	47	47	47	47	47
Status	73%	81%	79%	74%	89%	82%	85%	81%
System	40%	31%	43%	32%	38%	49%	38%	57%
Appropriate for Custody	75%	92%	85%	96%	96%	94%	94%	96%
Custody too Long	25%	27%	25%	34%	19%	28%	30%	15%
Incarceration of Parents	31%	58%	47%	65%	68%	61%	55%	72%
Parents with Substance Abuse Issues	52%	52%	68%	62%	68%	66%	55%	62%
Children with Substance Abuse Issues	-	19%	17%	9%	21%	30%	34%	30%
Experienced Domestic Violence in the Home	-	23%	45%	30%	36%	40%	36%	30%
Little/No Relationship With Father	-	56%	64%	60%	60%	64%	51%	51%
Alledgedly Sexually Abused	-	31%	32%	40%	30%	23%	19%	34%

A dash (-) signifies that no data was collected.

Shelby County Critical Issues	1995 SH	1996 SH	1997 SH	1998 SH	1999 SH	2000 SH	2001 SH	2002 SH
Total cases reviewed	59	57	59	60	59	56	58	52
Status	85%	86%	92%	81%	94%	82%	82%	87%
System	42%	44%	49%	32%	48%	39%	28%	38%
Appropriate for Custody	95%	100%	98%	98%	98%	95%	95%	98%
Custody too Long	45%	35%	37%	40%	39%	45%	45%	40%
Incarceration of Parents	41%	61%	47%	50%	45%	56%	62%	42%
Parents with Substance Abuse Issues	71%	67%	78%	60%	63%	68%	59%	63%
Children with Substance Abuse Issues	-	4%	12%	5%	10%	7%	9%	17%
Experienced Domestic Violence in the Home	-	14%	20%	20%	14%	20%	10%	17%
Little or No Relationship With Father	-	49%	76%	67%	64%	79%	74%	87%
Alledgedly Sexually Abused	22%	30%	14%	25%	25%	16%	22%	23%
Southwest Critical Issues	**1995 SW**	**1996 SW**	**1997 SW**	**1998 SW**	**1999 SW**	**2000 SW**	**2001 SW**	**2002 SW**
Total cases reviewed	48	49	49	49	48	48	48	48
Status	75%	82%	84%	73%	83%	81%	81%	88%
System	33%	45%	47%	24%	25%	21%	31%	29%
Appropriate for Custody	79%	90%	84%	92%	98%	90%	96%	87%
Custody too Long	29%	25%	25%	26%	42%	42%	29%	35%
Incarceration of Parents	40%	57%	43%	45%	51%	59%	57%	63%
Parents with Substance Abuse Issues	44%	43%	51%	57%	67%	69%	52%	50%
Children with Substance Abuse Issues	-	20%	29%	29%	23%	10%	35%	29%
Experienced Domestic Violence in the Home	21%	14%	29%	27%	21%	23%	27%	35%
Little or No Relationship With Father	-	61%	67%	61%	75%	75%	71%	71%
Alledgedly Sexually Abused	25%	22%	22%	10%	27%	21%	27%	23%
Upper Cumberland Critical Issues	**1995 UC**	**1996 UC**	**1997 UC**	**1998 UC**	**1999 UC**	**2000 UC**	**2001 UC**	**2002 UC**
Total cases reviewed	47	47	47	47	47	47	47	47
Status	79%	79%	81%	77%	89%	87%	81%	89%
System	36%	47%	62%	30%	60%	38%	36%	49%
Appropriate for Custody	87%	96%	94%	94%	98%	94%	96%	96%
Custody too Long	24%	28%	15%	21%	28%	34%	13%	19%
Incarceration of Parents	53%	38%	55%	72%	58%	60%	70%	68%
Parents with Substance Abuse Issues	58%	55%	57%	70%	62%	66%	77%	62%
Children with Substance Abuse Issues	-	23%	32%	30%	30%	30%	19%	28%
Experienced Domestic Violence in the Home	39%	32%	34%	32%	38%	45%	47%	34%
Little or No Relationship With Father	-	53%	53%	43%	51%	51%	64%	70%
Alledgedly Sexually Abused	45%	34%	38%	32%	40%	34%	30%	15%

A dash (-) signifies that no data was collected.

Appendix G

Summative Questions for Determining Adequacy

Questions Concerning the Status of the Child

Questions Concerning System Performance

Questions Concerning the Status of the Child

Presented below are the commonsense questions used in the protocol to determine the current status of the child receiving supports and services.

1. ***Safety**: Is the child living in this setting in imminent danger of harm? Is the child's physical living condition hazardous or apt to cause serious harm? Is the child living in this setting in danger of harm from him/herself? Is the child fearful of people living in or frequenting the home? Can the child's whereabouts be ascertained and/or is there reason to believe that the family is about to flee or refuse access to the child? Is child sexual abuse suspected and do circumstances suggest that the child's safety may be an immediate concern? Is the behavior of adult(s) in child's placement violent or out of control? Does the adult(s) in child's placement describe or act predominantly negatively toward child or have extremely unrealistic expectations? Has the caregiver caused, or made a plausible threat that has or would result in serious physical harm to the child? The adult(s) in child's placement has not/can not/will not provide sufficient supervision to protect the child from potentially serious harm? Adult(s) in child's placement has not or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical care? Adult(s) in child's placement has previously abused or maltreated a child, and the severity of the abuse or maltreatment, or the caregiver's prior response to the incident, suggests that child's safety may be an immediate concern? Drug or alcohol use of adult(s) in child's placement seriously affects his/her ability to supervise, protect, or care for the child? Is the community safe, given the setting in which the child is living? Are appropriate, sufficient services being provided to reduce/eliminate harm? Is the child safe from harm? With the current level of supervision, is the child likely to harm him/herself or others?

2. ***Emotional Well-Being**: Does the child's behavior(s) indicate emotional problems? Does the child have a Diagnostic and Statistical Manual (DSM) diagnosis? Does the child take medication for emotional or behavioral problems? Does the caregiver understand and respond appropriately to the child's emotional needs? Are necessary and adequate services being provided to meet emotional needs? Do the child's daily activities and relationships provide stimulation, emotional support, and fun? Is the child receiving treatment that is of the intensity and scope necessary to facilitate the child's participation in school, family, and social activities? Are the child's social/emotional needs being adequately and appropriately addressed?

3. ***Physical Well-Being**: Are the child's basic needs for food, shelter, and clothing being met? Are the child's primary health care needs being met? Are the child's chronic health care needs being met? Are necessary and adequate health care services being provided to keep the family intact or contribute to the permanent goal? Are the child's primary physical/medical needs being adequately and appropriately addressed?

4. ***Caregiver Functioning**: Current Caregiver: Who is the child's current primary caregiver? Is the current caregiver a victim of domestic violence? Is the current caregiver an alleged perpetrator of domestic violence? Is the current caregiver alleged to have substance abuse issues? Can the current caregiver perform the necessary parenting functions adequately to ensure child safety and well-being? Does the caregiver have adequate physical and mental capacities to care for child? Is the caregiver understanding and responsive to the child's needs? Can the caregiver meet extraordinary demands? Are necessary supportive services being provided? Can the primary caregiver perform the necessary parenting functions, care and/or treatment services adequately and consistently for the child? For congregate living facilities: Are living conditions safe? Are appropriate treatment services being provided for the child? Is the child receiving adequate services in accordance with program treatment plan? Does the program treatment plan adequately interface with the Permanency Plan? Are specific supportive services clearly identified to facilitate the child's discharge? Is there a person identified who is responsible for and acting as the single point of accountability for the child's care? Is the facility providing services of appropriate focus, scope, and intensity to meet the child's identified needs? Does the child need a less restrictive living situation? Does the child need a more restrictive living situation?

5. **Stability**: Does the child have a history of unstable living arrangements? Are probable causes for a disruption of current living arrangement present? Are appropriate services being provided to reduce the probability of disruption? Has the child's stability improved since custody? Is the child's current living arrangement likely to be disrupted in the foreseeable future?

6. **Permanent Goal**: Has a permanent goal been identified in the Permanency Plan? If "no," are necessary steps being taken to identify a permanent goal? By consensus? Is the child in a permanent placement? If "no," have the goals and timelines been established to achieve the permanent placement? Is the child in a permanent placement or are reasonable efforts being made to obtain a permanent placement?

7. **Appropriateness of Placement and Residential Goal**: Is the restrictiveness of the placement appropriate for the child? If "no," does child need a less restrictive or more restrictive placement to receive needed services? Is the child in the appropriate setting to meet his/her needs? If "no," where should this child be living? What needs to be done to get the child to where he/she should be living? Is there a projected timeline established in the Permanency Plan for discharge to a family-like setting/permanent placement? Is there concern that the child is experiencing "lost time"? Is this the least restrictive, most appropriate placement in which the child can receive needed services?

8. **Educational/Vocational Progress**: If, age appropriate, is the child enrolled in school/vocational training? Is the child currently in appropriate educational

placement? Does the child have a pattern of regular attendance? Is the child performing on grade level? Does the child have special needs that are not being met in the current educational placement? Is the case manager participating in securing educational services for child in care? Is there a plan for attaining education goals? Is the child making academic/vocational progress? Is the child making progress in school/vocational training?

9. **Family Unity Support (Family of Origin)**: If child lives at home, are necessary, appropriate, and adequate services being provided to keep the family intact? If the family is in danger of disruption, is the family receiving services necessary to preserve the family unit? If the child is not living with the family, is the child's family receiving services necessary to reunify? If the family cannot reunify now, is contact with the child being maintained via visits and other means? Is the family participating in planning and decision making necessary to facilitate or to maintain reunification? Is the family receiving the supports necessary to reside together or to reunify if living apart?

10. **Independent Living (for children 13 years and older)**: Are independent living skills addressed in the Permanency Plan? Is the plan being implemented? If not addressed in the Permanency Plan, are independent living skills being otherwise provided? Is the child currently getting what he/she needs to grow up to be a working, functional adult? Are necessary, appropriate services and supports being provided to help the child achieve independent living?

11. **Child Satisfaction**: Does the child understand what supports and services he/she will receive? In the opinion of the child, are the services he/she is receiving helpful or beneficial? Is the child currently receiving the planned services? If appropriate, are services provided responsive to the preferences and convenience of the child? Is the child satisfied with his/her services and the responsiveness of the system?

12. **Family Satisfaction**: Does the family understand what supports and services they will receive? In the opinion of the family, are the services they are receiving helpful? Are they currently receiving the planned services? If appropriate, are the services provided responsive to the preferences and convenience of the family? Is the family satisfied with their services and the responsiveness of the system?

Questions Concerning System Performance

Presented below are the questions used in the protocol to determine the performance of essential system functions. These questions focus on service system procedures.

1. ***Assessment of Needs**: Scope and Functionality of Assessments: Are the child's strengths identified? Are the family's strengths identified? Are risks to the child identified? Are risks to the community identified? Do assessments reflect the

input and perspective of the child, parent, legal guardian, relatives, as applicable? Are there gaps in information or problems that indicate the need for further assessment? Is the assessment information consistent with the reviewer's understanding of what the child's and family's needs are? Are all current, obvious, and substantial needs of the child and family identified and analyzed through existing assessments?

2. ***Long Term View**: Is there an explicit strategy that should enable the child/family to live safely without state supervision? If "no" is there an implicit understanding of what will be necessary to enable the child/family to live safely without state supervision? Does the child/family have critical needs in order to live safely, without state supervision, that are not being met, such as housing, social supports, parenting functioning/capacity, child's needs? If the child cannot return to his/her family, is there an explicit strategy that identifies where and when the child will live in a permanent family or prepare for independent living? Is there an explicit strategy that identifies where and when the child will live with a family or independently, and organizes/coordinates efforts that are made to achieve that goal?

3. ***Child Participation**: If age appropriate, was the child involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the child's schedule and transportation resources in planning staffings and visits? Has the child been involved in changes in treatment/placement? Does the child understand what he/she has to do to be returned home or achieve the permanent goal? Is the child actively involved in the planning and implementation of services as well as participating in decisions made about his/her future?

4. ***Family Participation**: Was the family involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the family's schedule in planning staffings and visits? Did the system exhibit sensitivity to the family's transportation needs in planning staffings and visits? Were repeated and substantial efforts made to engage the family and solicit participation? Has the family been involved in changes in treatment/placement? Does the family understand what they have to do for the child to be returned home? Did the system make substantial efforts to keep the family actively involved in the planning and implementation of services, as well as participating in decisions made about the child's future, or were substantial efforts made to involve family?

5. ***Service Plan Design**: Is there a written Permanency Plan? Does the Permanency Plan address reasons the child came into custody? Does the plan address all needs identified in the assessment for the child and family? Are there needs that must be addressed in order to achieve safety with independence from state supervision and does the plan address them adequately? Does the Permanency Plan adequately reflect current services and strategies? Is there a specific time or date that the Permanency Plan is to be updated? Are the proposed interventions and supports appropriate to the situation/person's capabilities? Is there evidence to indicate that

service planning is limited by what is available rather than what is appropriate for the child and family? If the plan goals were met, would the child/family be able to function safely and be independent of state supervision? Do the plan's goals correspond with the long term view for the child? If the plan's goals were met would the child be or continue to be living in a permanent placement? Are all needs identified through the assessment process being addressed for the child and family? Were additional needs of the child and family identified through this process that should be addressed for the child and family? Are their needs inadequately addressed due to lack of sensitivity in services, and are these needs cultural or a result of client characteristics? Has the plan been revised to reflect progress or lack of progress of the child or the family in meeting plan goals? Does the plan include specific objectives to obtain the permanent goal? Does the plan include specific services to be provided to enable the child to return home, or achieve the permanent goal? Is the plan individualized and are there specific timetables for the services to be provided? Does the plan address visitation with parents or other family members, identification of who is responsible for the provision of services, and child support? Is the Permanency Plan relevant to the issues and coherent in the selection and assembly of strategies, supports, services, and timelines established for the child and family?

6. ***Service Plan Implementation**: Have the essential services and activities identified in the plan been provided in a timely manner for the child/family? Have the essential services and activities identified in the plan been provided consistently for the child/family? Have the essential services and activities identified in the plan been provided at the appropriate level of intensity for the child/family? Have the essential services and activities identified in the plan been provided by qualified providers for the child/family? Are the strategies and services that are being implemented meeting the needs of the child and family? Is there an appropriate match between the child and the service provider with respect to language, culture, and other relevant characteristics? Are appropriate services and supports specified in the plan being implemented in a timely and consistent manner by qualified providers for the child/family?

7. ***Service Coordination**: Is there a single point of coordination and accountability for the service plan and those involved in its implementation? Is there integration of services and continuity of effort in the service delivery? Is there a mechanism for identifying emerging problems and developing an appropriate response and adjustments in the plan? Is there adequate communication so all relevant persons involved know the current status of the case? Is there continuity and coordination in the provision of services to the child/family?

8. ***Monitoring and Change**: Is the status of the child routinely monitored? Is the status of the family routinely monitored? Are changes in the status of the child documented? Are changes in the status of the family documented? Are known risk factors being monitored? Is progress/lack of progress toward achieving goals/objectives being monitored? Is the plan revised to reflect changing needs

and circumstances when objectives have been achieved, when services change, when strategies are unsuccessful, or when emergent problems arise? Are all entities carrying out their monitoring responsibilities adequately, including the DCS Home County Case Manager, the DCS/Contract Residential Case Manager (if applicable), the placement, and the service provider? Is the status of the child/family routinely monitored and evaluated, and are changes made as necessary to respond to needs?

9. **Legal Advocacy**: Has the child had legal representation? Has the child's family had legal representation? Does the child/family appear to understand the state system and appeal rights? Does the child/family appear to understand the implications as well as legal rights regarding state custody?

10. **Early Child and Family Intervention**: Were early signs of family problems identified? When early signs were identified, were services appropriate in scope and intensity offered to address them in a timely manner? Were needs for the home/community-based services identified? Were family preservation or other in-home or community-based services provided to prevent removal? Were home/community services provided before resorting to out-of-home placement? Were relative/friend options exhausted before resorting to out-of-home placement? Did the system intervene at the earliest opportunity with family support services of sufficient scope and intensity to keep the child and family together?

11. **Home/Community Resources**: Has the need for home/community based resources been identified? Have all obvious and substantial needs been matched with appropriate community services/service providers? Are home/community services and supports readily and consistently available when needed by the child or by the family? Are home/community based services and supports culturally appropriate for the child and for the family? Are parents/relatives/friends receiving the supports and assistance necessary for them to perform essential parenting functions? Is the array of available home and community services adequate in variety, intensity, continuity, and cultural compatibility to maintain the family intact or contribute to the permanent goal?

12. **Placement Resources**: For children who cannot remain in their home, is there an adequate array of family placements (relative, foster care, therapeutic foster care) to meet their needs? Are these placements available, within the county, or the Community Service Agency (CSA) region, or within the grand region or within the assigned placement not in county/CSA region? Are family placements receiving the necessary supports and assistance? For children who cannot function in a family environment, is there a sufficient array of residential placements to meet the needs in the least restrictive environment possible? Are these placements available within the county, within the CSA region, within the Grand region or within the assigned placement not in county/CSA region? Is the array of

placement resources adequate to provide appropriate out-of-home placements in a timely manner in the least restrictive environment?

13. **Supportive Intervention Services to Achieve Permanent Goal**: Are necessary services identified to keep the child with his/her family or move the child to a permanent goal/placement? Have the essential services and supports necessary to keep the child with his/her family or move the child to a permanent goal/placement been provided in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Are the services necessary to keep the child home or move the child to a permanent placement being implemented in a timely manner?

14. **Urgency Response**: Can the system recognize emerging problems, as well as identify resources needed to stabilize them? Are the resources needed to stabilize or resolve emerging problems available in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Does the system appear adequate to stabilize or address emerging problems of an urgent nature?

15. **Progress Achieved by Child**: Did the system provide the child with repeated and substantial opportunities to improve/meet goals? Is the child improving or making progress? Based on all information collected in the review process, has progress or improvement as measured in outcomes/benefits for the child been achieved?

16. **Progress Achieved by Family**: Did the system provide the family with repeated and substantial opportunities to improve/meet goals? Is the family improving or making progress? Based on all information collected in the case review process for any family whose child has been in state custody for 30 days or longer, has progress or improvement as measured in outcomes/benefits for the family been achieved?

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